



# VEHICLE TECH INSPECTION BY OWNER/DRIVER

Owner/Driver: \_\_\_\_\_ Car #: \_\_\_\_\_

Driver License # \_\_\_\_\_ State: \_\_\_\_\_

Vehicle/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Modifications: \_\_\_\_\_

ENGINE/FLUIDS	PASS	FAIL	TECH	BRAKES/TIRES	PASS	FAIL	TECH
Leaks: fuel/oil/water				Master cylinder full/Clean fluid			
Throttle travel/return				System leaks: fluids			
Check water hoses				Brake pedal firm			
Check Fan/Aux belts				Wheel bearings			
Check wiring				Hubcaps removed (or None)			
Power Steering fluid reservoir full				Tire condition/pressure			
				Wheel condition, torque			
				Brake Accumulator check			
<b>LIGHTS</b>				<b>SUSPENSION</b>			
Brake Lights, Flashers				Travel/noises/clunks			
Headlights: High/Low				Steering wheel play			
Turn Signals: Left/Right				Shocks, leaks/bushings			
Running/Tail Lights				Hydraulic System Leaks			
<b>INTERIOR</b>				<b>MISC.</b>			
Remove all loose items from the vehicle				Helmet (Snell 2005 or later) SA, M, or K are approved			
Remove Floor Mats, check under seats				Battery secured			
Glove Box emptied				Spare tire secured			
Seat belts functional				Exhaust system condition			
Windshield wipers operational				Club Membership is current			

**Vehicle Owner/Driver has completed the above inspection and is responsible for the vehicle's condition and its safe operation.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tech Inspection (Initialed): \_\_\_\_\_