

VEHICLE TECH CHECKLIST: BATTLE OF THE FENDERS

Driver Name: _____ Date: _____ Car #: _____

SAFETY:

- | | |
|--|---|
| <input type="checkbox"/> Helmet Snell Rating / 2005 or Newer | <input type="checkbox"/> Fuel Filter / No Glass |
| <input type="checkbox"/> Fire Suit | <input type="checkbox"/> Fuel Lines |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Roll Bar Padding |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Car # Legible |
| <input type="checkbox"/> Belts – 3 year age max | <input type="checkbox"/> Cage Welding |
| <input type="checkbox"/> Window Net | <input type="checkbox"/> Lead Mounting / With # & Painted White |
| <input type="checkbox"/> Aluminum Seat / Mounting | <input type="checkbox"/> Throttle Linkage Min. 2 Return Springs |
| <input type="checkbox"/> Door Bars | |
| <input type="checkbox"/> Body / General Condition | |
| <input type="checkbox"/> Drive Shaft Painted White | |
| <input type="checkbox"/> Drive Shaft Loops | |
| <input type="checkbox"/> Interior Clean | |
| <input type="checkbox"/> Battery Mounting / Covered | |
| <input type="checkbox"/> Fuel Cell Mounting / Covered | |

AREAS TO BE CORRECTED:

1. _____
2. _____
3. _____

It is the responsibility of the Owner and Driver to ensure that the car / truck is legal before and after every event. The main focus of this inspection is SAFETY. Completion of this inspection does not guarantee that your vehicle will pass a post-race technical inspection.

Official: _____

Date: _____

Driver Signature: _____

Date: _____