

## **VEHICLE TECHNICAL INSPECTION FORM**

VEHICLE & DRIV	/ER INFORMATION	
Vehicle Driver's Name:	ZER INTORIVIATION	
Vehicle Driver's Address:		
Vehicle Driver's Telephone Number:		
Vehicle Year/Make/Model:		
Vehicle License Plate Number:		
Vehicle Estimated WHP:		
INSPECTION REQUIREMENTS	DRIVER INITIALS	SSRE TECH INITIALS
Snell certified SA2005/SA2010/SA2015 helmet		
All fluids (oil + brake reservoir) adequate		
Vehicle free from any fluid leaks		
Fuel and coolant line fittings are secure		
Tires are visibly in safe condition		
Tires display no cracks, bubbles, or rotting		
Wheels are not cracked or bent		
All brake pads have at least 30% life remaining		
All rotors have at least 40% life remaining		
Vehicle is equipped with DOT approved tires		
Chute is anchored at proper center of mass position (if applicable)		
This Technical Inspection Form is an agreement between undersigned driver. In consideration for participation, the above referenced Inspection Requirements for the vehice "NA" for not applicable.  The undersigned driver acknowledges he or she is solely working condition of their vehicle. The undersigned driver mechanical and working condition of the vehicle they will further, the driver is solely responsible for any damages wehicle during the event.	e undersigned driver warrantele have all been met (marked responsible for the proper mer agrees to solely ensure the Il operate during the course of	ts and certifies the d "yes") or marked nechanical and e safe and proper of the event.
The signatures below expressly warra	int compliance with this form	n.
Driver Signature:	Date:	
Technician Signature:	Date:	
RACE NUMBER ASSIGNED:		