

Owner's Self Tech Responsibility Form

				Event Date:	
Driv	ver's Name:				
Car Info – Year: Make:		Make:			
Model:		Color:		Number:	
			_	ct all the following items that are listed below. 's Self Tech Responsibility Form.	
	Safety Equipment:			Rims & Tires:	
	Approved Helmet Long sleeve cotton shirt Driving shoes or Tennis shoes Have a tow point (front & rear) Brake lights or tail lights working Seat belts in good condition Remove all items not fixed down in car			All lug nuts in good condition Torque all lug nuts Tires in good condition Remove center caps Check valve stems Check all tire pressure Valve caps on all tires	
	Engine:			Brakes:	
	Oil level Radiator level Battery strapped down Throttle return spring NO type of fluid leaks Tighten Gas cap All dipsticks in place *** ALL ITEMS MUST BE	CHECKED OFF BE		Brake fluid level Firm pedal pressure Brake lines Rotors in good condition Brake Pads better than 50% wear No ABS light on Brake pad pins and clips installed CAR IS ALLOWED ON THE TRACK ***	
Inspection Completed By:					

Signature: