



<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	NUMBER CHANGE
<input type="checkbox"/>	CLASS CHANGE		
<input type="checkbox"/>	OTHER:		

PLEASE COMPLETE THIS SHEET AND BRNG IT WITH YOU TO TECH.

Driver: _____ Class: _____ Index Class: _____ (ProSolo Only)

Number: _____ Do you have a co-driver? Y: ___ N: ___

Car Make: _____ Model: _____ Year: _____ Color: _____

Tire Brand: _____ Helmet Certification and Year: _____

PREPARED & MODIFIED: Wheelbase: _____ Weight: _____

The entrant/participant is responsible for the safety of his/her vehicle. Neither the tech inspectors, the event organizers, nor the sanctioning body will be held responsible for the safety of this vehicle. Have a qualified mechanic check over your car and make certain everything is in good working order for an event such as this.

DRIVER SAFETY

- ___ Helmet (2010 or newer: Snell M/SA, SFI, FIA)
- ___ Current Solo Helmet tech sticker (obtained by presenting approved helmet at check in)
- ___ Shoes must be solid, closed toe, and in reasonable condition
- ___ Seatbelts/Harness must be in good condition
- ___ A Proper ROLLBAR (when it is required)
- ___ Rollbar padding
- ___ Seats bolted securely
- ___ Interior & trunk clear of loose items; all floor mats removed

BRAKES

- ___ Fluid is clear, reservoir is full (DOT 4 recommended)
- ___ Pedal is firm
- ___ All brake lights are working
- ___ Master cylinder/calipers are not leaking
- ___ Rotors have no cracks or discoloration

TIRES & WHEELS

- ___ Adequate tire tread, speed rating, good condition
- ___ All lug nuts present & torqued to spec.
- ___ Hubcaps removed
- ___ Wheels - No cracks or structural damage

SUSPENSION & STEERING

- ___ Wheel bearings - no play
- ___ Ball joints in good condition
- ___ No excessive steering play
- ___ Shocks - no leaking

ENGINE & DRIVE TRAIN

- ___ Check all fluid levels, belts, and hoses. Tighten all caps and secure all hoses.
- ___ No fluid leaks (oil, transmission, fuel, water)
- ___ Battery secured (no bungees)
- ___ Positive battery terminals covered.
- ___ Overflow containers present
- ___ Exhaust system functional (may have to meet sound restrictions)
- ___ Throttle has quick, positive return
- ___ Fuel cap tightened

OTHER

- ___ No severe glass cracks
- ___ Windshield wipers function properly (if applicable)
- ___ Video Camera/Recording device securely mounted (if applicable)

I, _____, have inspected all of the above on my vehicle, and have read and understand Section 3 of the current SCCA Solo Rules and agree to comply.

Signature _____ Date _____