



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			
				Brake Accumulator check			
LIGHTS				SUSPENSION			
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			
INTERIOR				MISC.			
Remove all loose items from the vehicle				Helmet (Snell 2000 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): _____