



Car #

TECHNICAL INSPECTION FORM

Event Date: _____ 20____ Location: _____
 Name: _____ Phone #: _____
 Email: _____ T.O. Member Name: _____
 Driver's License #: _____ State: _____ Exp: _____
 Car Make: _____ Model: _____ Yr: _____ Color: _____

Do you have any Drifting or other racing experiences? (Yes / No)

If yes, how many events have you driven in and which type? : _____

Emergency Contact Info:

Name: _____	Phone#: _____
Relationship: _____	Is this person at the event site?: _____

I hereby state that I understand and will follow the rules and regulations of Traction Optional and the Facility.

Signature: _____

This section below is to be filled out at the event by Traction Optional officials.

____ Waiver Signed ____ Wristband Issued	
Tech Inspection:	
<input type="checkbox"/> No Loose Items <input type="checkbox"/> Seat Belts <input type="checkbox"/> Throttle Return <input type="checkbox"/> Steering play <input type="checkbox"/> Radiator Overflow <input type="checkbox"/> Fluid Level/NO leaks (Brakes, coolant, oil, etc.) <input type="checkbox"/> Brake Pedal Pressure <input type="checkbox"/> Brake Lights <input type="checkbox"/> Battery Tie Down/covered Terminals <input type="checkbox"/> No wires exposed <input type="checkbox"/> HEADLIGHTS work properly	<input type="checkbox"/> Front Wheel Bearings <input type="checkbox"/> Rear Wheel Bearings <input type="checkbox"/> Seat properly mounted <input type="checkbox"/> Gas Cap secured <input type="checkbox"/> No Hubcaps/beauty ring <input type="checkbox"/> Tire condition/Pressure <input type="checkbox"/> Lugs all present/torqued <input type="checkbox"/> Roll bars in open cars <input type="checkbox"/> Helmet, Snell 95 or newer <input type="checkbox"/> Covered battery in cockpit
Tech Official's Name: _____	