



MILTONIAN *Capital Autocross Challenge*

ANNUAL SAFETY/TECH INSPECTION CHECKLIST

DRIVER INFORMATION

Car # _____ Class _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Phone _____

Yes! I want to subscribe to the AAS email list to receive potential club information, event information, and/or series sponsorship information. If at any time I want to be removed from the list, I can do so by contacting the AAS president.

EMERGENCY CONTACT

Name _____ Phone _____

CO-DRIVER INFORMATION

Car # _____ Class _____
 Name _____
 Email _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____
 Color _____ License # _____ State _____

SAFETY/TECH INSPECTION (P = passed, F = failed)

hub caps/rims removed _____ fuel cap _____ throttle return _____ helmet _____
 tire pressure (str OEM) _____ battery _____ steering system _____ seat belts/harness _____
 wheels/tires/lugs _____ master cyl level _____ fluid leaks _____ rollbar _____
 exhaust system _____ brake system _____ loose items _____ vehicle ID _____

All failed items must be corrected before the car can be approved for competition.

Comments _____

SAFETY/TECH INSPECTION (Pass/Fail) _____ TECH INSPECTOR _____

INSPECTION DATE _____ TECH RE-INSPECTION (Pass/Fail) _____

All re-inspections must be approved by the Chief of Tech.