

CONTROL TEST SHEET

Round:

Date:

First name and last name		TO BE FILLED IN BY THE COMPETITOR
Registration number:		
Start number:		
Class:	[] CLASS	
Technical inspection validity:		
Third party insurance policy validity:		
Insurance policy number and the insurer:		

1. Fire extinguisher	[] OK, checked!	TO BE FILLED IN BY THE COMPETITOR!!
2. Seats	[] OK, checked!	
2a. Suspender belts	[] OK, checked!	
3. Cabin	[] OK, checked!	
4. Boot	[] OK, checked!	
5. Fluid leaks	[] OK, checked!	
6. Oil, brake fluid	[] OK, checked!	
7. Tires	[] OK, checked!	
8. Battery	[] OK, checked!	
9. Bodywork	[] OK, checked!	
10. Stickers	[] OK, checked!	

I accept the Track Masters Regulations and agree to abide by the rules and regulations as well as to obey all instructions and announcements made by the Organiser during the rounds.

Place / date / signature of the **competitor**