**Salina Region SCCA Annual Tech Application 2022**

**I, understand that this is an application and does not guarantee that my application will be approved.**

1. Annual Tech Waivers are available for experienced Solo Racers. That (I) have participated in a minimum of five (5) Salina Region Solo Events in the past twelve (12) months.
2. I understand that participation in Annual Tech requires that, once my application is approved, I will perform my vehicle tech inspection prior to each event in accordance with standard vehicle tech procedures.
3. I understand that if any major changes are made throughout the year, I must notify the Chief Tech so I can renew my Annual Tech application. Major changes include but not limited to suspension geometry changes, bodywork, and drivetrain modifications.
4. I understand that my car may be subject to random tech inspections at any point during the season. I understand that failure on any tech inspection will require renewal of my Annual Tech application.
5. I understand that any mechanical failure on course during an event will require renewal on my Annual Tech application.
6. I will submit this Annual Tech application with my Driver’s License and Proof of SCCA Membership to the Chief of Tech for approval and tech inspection of my vehicle.

**Once my Annual Tech has been approved:**

* Place the annual Tech Sticker on the driver’s side door jamb such that it is easily visible with the door open.
* At each event I must tech my vehicle according to the rules in Section 3.3 of the National Rules. Failure to comply with these regulations will result in a revocation of my Annual Tech and I will not be able to participate in the program in the future.
* Annual Tech is valid for all Salina Region Solo events in the same calendar year as the date of approval.

**I, have read the above guidelines and understand each of the above statements. I will comply with each of these guidelines for the entire season.**

**CAR INFORMATION**

**Year:** **Make:** **Model:** **Color:**  **Class:**

**Car Number**: **Current Modifications:**

**DRIVER INFORMATION**

**Address:** **City:** **State:** **Zip:**

**Home Phone:** **Cell Phone:** **SCCA#:**

**Driver’s License#:**

**Emergency Contact Name:**

**Emergency Contact Ph #**

**Applicant Signature:** **Date of Application:**

Chief Tech Approval

**Approved By (Sign & Print Name:)**

**Date Approved:**

**SALINA REGION SCCA**

**SOLO ANNUAL TECH INSPECTION CHECKLIST**

* LOOSE ITEMS REMOVED:[ ]
* PEDAL OPERATION NOT IMPEDED: [ ]
* SEATS SECURED: [ ]
* WHEELS SAFELY AFFIXED AND IN GOOD CONDITION: [ ]
* TIRES IN GOOD CONDITION WITH NO CORDS SHOWING: [ ]
* SEATBELTS PROPERLY INSTALLED AND FUNCTIONING: [ ]
* THROTTLE RETURN ACCEPTABLE: [ ]
* NO EXCESSIVE LEAKS: [ ]
* BRAKE FUNCTION ACCEPTABLE: [ ]
* WHEEL BEARINGS, SHOCKS, STEERING, AND SUSPENSION ACCEPTABLE: [ ]
* EXHAUST EXITS BEHIND DRIVER OR TO SIDE OF CAR: [ ]
* EXHAUST SOUND LEVEL NOT EXCESSIVELY LOUD: [ ]
* BATTERY SECURED: [ ]
* NOTES:

INSPECTOR NAME (PRINTER:

I have verified that the vehicle meets all safety requirements lister here pursuant to SCCA solo rules section 3.3 vehicle safety.

INSPECTOR NAME (SIGNATURE):

DATE: