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:_____