

## Salina Region SCCA Annual Tech Application

I, (Sign) \_\_\_\_\_ (Print) \_\_\_\_\_ Date: \_\_\_\_\_ have read and understand the below guidelines and statements. I will comply with each of these guidelines and statements for the entire season. I understand this is an ongoing obligation, I am 100% responsible to maintain the car.

By signing this application, I understand that this is an application and does not guarantee my application will be approved. Upon approval the Salina Region SCCA depends on each of its member's honor to ensure their vehicle is in good operating order. This approval is for safety only, use the SCCA rulebook to determine your class. This annual Tech is for the vehicle; multiple driver vehicles should have only one annual Tech. If you have multiple vehicles, each one needs an annual Tech. At each event you must contact a Tech worker to obtain a Tech "Dot". Affix the Dot to the upper driver's side of windshield or roll-cage bar so that grid workers can easily identify cars that had Tech approval either by Annual Tech or Event Tech.

### The following applies:

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 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.
3. 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.
4. 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:

- Affix the annual Tech Sticker on the driver's side door jamb such that it is easily visible with the door open.
- **Prior to 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.

### 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 # \_\_\_\_\_

### Chief Tech Approval

To the best of my knowledge, I have verified that this vehicle meets all of the safety requirements in the SCCA Solo Rules Section 3.3 Vehicle Safety.

INSPECTOR (SIGNATURE): \_\_\_\_\_ (Print) \_\_\_\_\_ Date: \_\_\_\_\_

# SALINA REGION SCCA

## SOLO ANNUAL TECH INSPECTION CHECKLIST

- HELMETS MUST COMPLY WITH SECTION 4.3:
- LOOSE ITEMS REMOVED:
- PEDAL OPERATION NOT IMPEDED, FACTORY SECURED (SNAPS OR HOOKS) FLOOR MATS ACCEPTABLE.:
- SEATS PROPERLY SECURED:
- WHEEL COVERS AND TRIM RINGS REMOVED, ALL LUG NUTS (OR STUDS) MUST BE PRESENT AND VISIBLE.(or SAFELY AFFIXED AND IN GOOD CONDITION:
- TIRES IN GOOD CONDITION WITH NO CORDS SHOWING:
- SEATBELTS PROPERLY INSTALLED AND FUNCTIONING:
- THROTTLE RETURN MUST BE SAFE AND POSTIVE.ACCEPTABLE:
- NO EXCESSIVE LEAKS:
- BRAKES MUST HAVE AND ADEQUATE PEDAL, THERE MUST BE SUFFICIENT FLUID IN MASTER CYLINDER RESERVOIR. FUNCTION ACCEPTABLE:
- WHEEL BEARINGS, SHOCKS, STEERING, AND SUSPENSION ACCEPTABLE:
- EXHAUST EXITS BEHIND DRIVER OR TO SIDE OF CAR:
- CAR NUMBER AND CLASS ON BOTH SIDES OF VEHICLE:
- BATTERY SECURED:
- NOTES:

INSPECTOR NAME (PRINTED): \_\_\_\_\_

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

INSPECTOR NAME (SIGNATURE): \_\_\_\_\_

DATE: \_\_\_\_\_