

Event: _____ **Date:** _____ **Competition No.:** _____
Competitor (Entrant): _____
Driver: _____ **Civil Licence:** _____ **CAMS Licence:** _____
Car Make: _____ **Year/Model:** _____ **Reg/Permit No.:** _____
Registration Expires: _____ **Log Book:** _____ **Homologation No.:** _____
Turbo Seal No.: _____ **Weight*:** _____ **Group/Class:** _____
Historic (Y/N): _____ Classic (Y/N): _____ Tarmac (Y/N): _____

*Minimum or Homologated weight required.

<p>Front</p> <input type="checkbox"/> Head Lamps - Low Beam <input type="checkbox"/> High Beam <input type="checkbox"/> Driving/Spot Lights Mounting <input type="checkbox"/> Number <input type="checkbox"/> Switching <input type="checkbox"/> Fog Lamps Mounting <input type="checkbox"/> Switching <input type="checkbox"/> Lamp guards, Safe & Secure <input type="checkbox"/> Front Turn Indicators <input type="checkbox"/> Bonnet Secure <input type="checkbox"/> Bumper Bar	<p>Interior</p> <input type="checkbox"/> Washers <input type="checkbox"/> Wipers <input type="checkbox"/> Horn <input type="checkbox"/> Windscreen Vision <input type="checkbox"/> Rear Vision Mirror(s) <input type="checkbox"/> Steering Wheel & Play <input type="checkbox"/> Brakes (Pedal Height & Feel) <input type="checkbox"/> Hand Brake <input type="checkbox"/> Wiring <input type="checkbox"/> Roll Cage Homologation Cert. <input type="checkbox"/> Wiring <input type="checkbox"/> Interior (Safe) <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> OK / SOS sign <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Warning Triangles
<p>Rear</p> <input type="checkbox"/> Tail Lamps <input type="checkbox"/> Number Plate Lamp <input type="checkbox"/> Brake Lamps <input type="checkbox"/> Rear Turn Indicators <input type="checkbox"/> Reversing Lamp <input type="checkbox"/> Mounting <input type="checkbox"/> Panel Indicator <input type="checkbox"/> Reflectors <input type="checkbox"/> Bumper Bar <input type="checkbox"/> Mud Flaps <input type="checkbox"/> Boot Secure <input type="checkbox"/> Fuel Tank Vent <input type="checkbox"/> Mount <input type="checkbox"/> FT3	<p>Driver</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>External</p> <input type="checkbox"/> No Excessive Body Damage <input type="checkbox"/> Doors Secure <input type="checkbox"/> Signs/Numbers <input type="checkbox"/> No Fluid Leaks <input type="checkbox"/> Wheels Condition <input type="checkbox"/> Tyres <input type="checkbox"/> No Exhaust Leaks <input type="checkbox"/> Exhaust Noise Level _____ dB	<p>Navigator</p> <input type="checkbox"/> Seat <input type="checkbox"/> Belts Compliance/Expiry <input type="checkbox"/> Helmet <input type="checkbox"/> Suit/Balaclava/Gloves/ Boots/Socks
	<p>Engine Bay</p> <input type="checkbox"/> Firewall <input type="checkbox"/> Hose Condition/Leaks <input type="checkbox"/> Battery Safe <input type="checkbox"/> Master Cylinder & Level <input type="checkbox"/> Throttle return springs <input type="checkbox"/> Turbo seal _____
	<p>Underneath</p> <input type="checkbox"/> Steering <input type="checkbox"/> Play at Wheels <input type="checkbox"/> Tie Rods <input type="checkbox"/> Front Suspension <input type="checkbox"/> Arms & Links <input type="checkbox"/> Steering Box <input type="checkbox"/> Rear Suspension <input type="checkbox"/> Universal Joints <input type="checkbox"/> Wheel Bearings <input type="checkbox"/> Chassis/Sub Frames <input type="checkbox"/> Sump/Tank Guards <input type="checkbox"/> Exhaust System <input type="checkbox"/> Towing Points

DISCLAIMER The completion of the checks described on this form is for the sole purpose of acceptance into CAMS competition. It does not constitute check for roadworthiness requirements under the relevant State legislation and neither the Confederation of Australian Motor Sport Limited, nor its officials, officers or agents make any undertaking as to whether this vehicle is eligible under law to travel on public roads.

Passed _____ Rejected _____ Passed _____

Scrutineer's Signature _____ Date _____

SCRUTINY REPRESENT

Car No _____ Items To Be Revised _____

Represent Time / Date _____ Passed By _____ Date _____