

Aruba Motorsport Foundation

REVISION 1

MOTORCYCLE INSPECTION FORM

INSPECTION STICKER No. _____

MOTORCYCLE SERIAL No. _____

Brand:

Model:

Year: Color:

COMPETITION NUMBER		
CATEGORY		
PAID		
O.K.	NEEDS REPL./REPAIR	OK AFTER REPL./REPAIR
		PASSED

FRAME/SUSPENSION/BODY:

Brakes Front

Brakes Rear

Chain Guard: mounted min 2 bolts

Controls and kill switch

Fork Brace: lowering straps

Frame

Ground Clearance: 2"

Rear Light

Steering Damper

Suspension (rear, not solid)

Tires / slicks

Wheelbase: max. 75"

Wheels

Windshield, Fairing

ENGINE; GEARBOX:

Air Shifter

Catch Can: pa awa

Cylinder Head

Engine

Fuel System: safety valve

Ignition

Nitrous Oxide

DRIVER/SHOFUR:

Helmet

Leather Jacket

Leather Suit (Pak)

Leather Gloves

Shoes (riba enkel)

REMARKS TECHNICAL COMMISSION:

Date: _____

Approved by Tech Inspector assigned by AMF.

Valid till 31 December 2016, unless vehicle has had changes made to it!

Driver's name _____

Date _____

License number _____