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AMP Vehicle Technical Inspection Form

Driver Name: _____

Driver's License Number: _____ State Issued: _____

Car Make: _____ Model: _____ Year: _____

Car Color: _____ Last 8 Digits of VIN: _____

<u>Road Equipment</u>	PASS	FAIL
Head/Tail Lights		
Turn Signals		
Brake Lights		
Wipers		
Horn		
<u>Suspension</u>	PASS	FAIL
Steering/Free Play		
Wheel Bearing Play		
Mounting Points		
Tie Rod Ends		
Shocks not Leaking		
<u>Battery</u>	PASS	FAIL
Mounted Securely		
Positive Post Covered		
<u>Roof</u>	PASS	FAIL
Closed/Latch Secure		
Convertible Down		
Convertible Roll Bar		
<u>Brakes</u>	PASS	FAIL
Fluid Level		
Fluid Clean		
Brake Pedal Firm		
Pad 3/16" Minimum		
Hoses not Leaking		
<u>Miscellaneous</u>	PASS	FAIL
No loose items		
Pass Seat Secure		

<u>Engine</u>	PASS	FAIL
No Fluid Leaks		
Belts/Hoses Tight		
Throttle Return Free		
Engine Mounts Good		
<u>Wheels/Tires</u>	PASS	FAIL
Minimum Tread Depth		
No Sidewall Cracks		
Wheels Not Damaged		
Lugs Torqued		
<u>Exhaust System</u>	PASS	FAIL
98d or Less Under Load		
Securely Mounted		
No Leaks		
<u>Body</u>	PASS	FAIL
No Weakening Rust		
Windshield Not Cracked		
Mirrors Secure		
<u>Safety Equipment</u>	PASS	FAIL
Seat Belt Condition		
Seat Belt Mounts		
<u>Helmet</u>	PASS	FAIL
Snell SA2010 OR NEWER		
Approved Clothing		
Strap/Liner		

Signature: _____ Date Inspected: _____

I agree that I have checked all these items above for safety. I also agree it is my responsibility to make sure my car is safe and in good mechanical order. If service is performed, car hit something, drives off track or any other possible incident, I need to re-inspect car again. I indemnify Atlanta Motorsports Park, LLC, and its affiliates of any liability related to this form or mechanical issues.