

# FLORIDA CROWN REGION DRIVERS EDUCATION

## -- TECHNICAL INSPECTION FORM --

*This form must be completed and brought to the track!*

(Please print legibly or type)

**NOTE:** The participant is primarily responsible for the safety of his or her car and should know the condition of the items on this list. Inspector not held liable for the safety of the vehicle.

### TECH FIRST THEN REGISTER

**SIGNATURE DRIVER #1:** \_\_\_\_\_

**SIGNATURE DRIVER #2:** \_\_\_\_\_

<b>PRE-TECH INSPECTION MUST BE DONE PRIOR TO THE EVENT</b>
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<u>Vehicle Interior</u>	APP	REJ	<u>Suspension &amp; Running Gear</u>	APP	REJ
Interior Mirror	<input type="checkbox"/>	<input type="checkbox"/>	Steering Linkage	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	Suspension & Shocks	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers <i>(optional)</i>	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>
Pedals in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	Metal/Flexible Brake Lines	<input type="checkbox"/>	<input type="checkbox"/>
Brake Pedal Firm	<input type="checkbox"/>	<input type="checkbox"/>	Brakes Recently Bled	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Brake Operational	<input type="checkbox"/>	<input type="checkbox"/>	Rims In Good Condition	<input type="checkbox"/>	<input type="checkbox"/>

<u>Vehicle Exterior</u>	APP	REJ	<u>Engine &amp; Trunk Compartments</u>	APP	REJ
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Battery Secure	<input type="checkbox"/>	<input type="checkbox"/>
No Fluid Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Harness	<input type="checkbox"/>	<input type="checkbox"/>
No Cracked Glass	<input type="checkbox"/>	<input type="checkbox"/>	Relays Secure	<input type="checkbox"/>	<input type="checkbox"/>
No Excessive Rust	<input type="checkbox"/>	<input type="checkbox"/>	Fan Belt	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Mirror	<input type="checkbox"/>	<input type="checkbox"/>	Throttle Linkage	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Oil & Gas Lines Secure	<input type="checkbox"/>	<input type="checkbox"/>
Gas Cap Secure	<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid Changed	<input type="checkbox"/>	<input type="checkbox"/>
Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Hood & Deck Lids Secure	<input type="checkbox"/>	<input type="checkbox"/>
Front	<input type="checkbox"/>	<input type="checkbox"/>	Oil Leaks	<input type="checkbox"/>	<input type="checkbox"/>
Rear	<input type="checkbox"/>	<input type="checkbox"/>			
Sufficient Brake Pads (3/16" min)	<input type="checkbox"/>	<input type="checkbox"/>			

**INSPECTOR'S NAME:** \_\_\_\_\_

**DATE INSPECTED:** \_\_\_\_\_

<b>FINAL TECH INSPECTION DONE AT THE TRACK</b>
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Tires In Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Clothing	<input type="checkbox"/>	<input type="checkbox"/>
Lug Nuts Properly Torqued (90LBS)	<input type="checkbox"/>	<input type="checkbox"/>	Long Sleeve Shirt, Long Pants	<input type="checkbox"/>	<input type="checkbox"/>
No Loose Objects In Car	<input type="checkbox"/>	<input type="checkbox"/>	<i>(both of a non-synthetic fiber; rubber soled shoes recommended)</i>		
Brake Lights Operable	<input type="checkbox"/>	<input type="checkbox"/>	<b>Helmet Snell M/SA2000</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>(or later approved)</b>		
			Car # attached to both doors/windows	<input type="checkbox"/>	<input type="checkbox"/>

**PCA INSPECTOR'S NAME:** \_\_\_\_\_ **DATE INSPECTED:** \_\_\_\_\_

# FLORIDA CROWN REGION DRIVERS EDUCATION .. MEDICAL FORM ..

*This form must be completed and turned in at registration*  
(Please print legibly or type)

<b>Car #</b>
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Driver #1 \_\_\_\_\_

Driver #2 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

PCA Region: \_\_\_\_\_ PCA Membership #: \_\_\_\_\_

Porsche Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

## DRIVER'S MEDICAL FORM

### DRIVER #1

Name: \_\_\_\_\_ Age: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ At Track: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

List Any Special Conditions: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### CIRCLE YES OR NO

Y N	CONTACTS	Y N	DENTURES	Y N	ASTHMATIC
Y N	DIABETIC	Y N	EPILEPTIC	Y N	HEMOPHILIAC

Please list medical training or ratings:

\_\_\_\_\_

### DRIVER #2

Name: \_\_\_\_\_ Age: \_\_\_\_\_

In Emergency, Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ At Track: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

List Any Special Conditions: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### CIRCLE YES OR NO

Y N	CONTACTS	Y N	DENTURES	Y N	ASTHMATIC
Y N	DIABETIC	Y N	EPILEPTIC	Y N	HEMOPHILIAC

Please list medical training or ratings:

\_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND PRESENTED AT REGISTRATION!**