NATIONAL CAPITAL CHAPTER BMW CCA

	You must take this	form to the repair shop per	forming the tech inspec	tion and to the track.	
NAME:			SCHOOL DATE:		
CAR N	МАКЕ:	MODEL:	YEAR:	COLOR:	
1	•	ertify that a qualified indivi safe condition and operatio	1		
Signat	ure of owner:				
		SHOP INS	SPECTION		
		t a repair shop must perfor your own car. If you are a			
Inspecting shop:			Date of inspec	etion:	
	To the mechar	iic: please check each item	as you inspect it to indi	cate acceptance.	
A. To	pside Inspection (wi	th the car on the ground)		•	
	☐ Steering — normal play at steering wheel				
	Lap and shoulder be Shock absorbers fir	elts installed on both front s	seats		
☐ Brake fluid clean, reservoir full, system flushed with DOT 4 or 5 fluid in the current calendar year; date of fluid change:					
		d condition; tight, no crack	S		
		excessive play in bearings			
	Hoses and wires see	•	1.0000 10 11 11		
		no leaks around oil cooler		e	
		no leaks, working pressure			
	·			n age, unless all aluminum	
_	` •	condition, no cracks, no rub	· ·		
□ Ok	Throttle — with en	gine running, check for stic	_		

B. Underside Inspection (with the car raised on a lift)
 Brake calipers, wheel cylinders, lines and hoses clean, dry, and in good condition Brake pads — at least ½ original thickness remaining Tie rod ends and ball joints tight; no play
☐ Tires must have smooth wear, no cuts in tread or side wall, no bubbles; both tires on a given axle must have the same tread pattern
☐ No substantial fluid leaks from engine, transmission, or differential
☐ Engine, transmission, and differential mounts solid and undamaged
Propeller shaft couplings in good condition; no play in center support bearing
 □ Constant velocity joints — no looseness or grease leaks □ No substantial structural rust
☐ Fuel lines dry; no evidence of leakage
☐ Exhaust system securely mounted, hangers and doughnuts in good condition; no exhaust leakage
C. Exterior
☐ No substantial structural rust or deformations; remove or secure loose trim or panels
☐ Head, brake, and tail lights operative
 ☐ Hub caps and trim rings removed (not axle caps); wheel bolts torqued; wheel bearings tight ☐ No cuts, dry rot, bubbles, or other damage to side wall; no abnormal wear on tires, adequate tread
check tire pressures
D. Under Hood
□ No leaks in fuel lines, hoses, and filters
☐ No leaks, cracks, bulges, rubbing, or chafing in radiator hoses; check E30 lower radiator hoses; check for coolant leak at thermostat housing; no leaks or damage to radiator core or seams
□ No engine oil, power steering fluid, or transmission fluid leaks
☐ Drive belts tight and in good condition
☐ Motor mounts solid
☐ Battery securely fastened, no loose items (tools, spare parts, etc.)
 Upper strut mounts in good condition Smooth throttle return to idle with engine running
E. Instructor Clean Car Check
Seat frames, belts, and mounts in good condition on both sides of car; equal restraints provided
☐ If present, roll bar fully padded above the level of the front door windowsills
☐ If present, camera securely mounted/tethered
☐ Loose items removed from interior (check under seats, over visors); floor mats, mobile phone, EZ
Pass, radar detector removed, glove box empty
 □ Loose items removed from trunk; spare tire and jack either removed or secured well □ Snell 2010 or newer helmet; check for Snell sticker
☐ Affix tech sticker to upper left corner of windshield



Student Medical Information Form

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	t to the school, and turn it in at registrally in a medical emergency. This form			
NAME:		DATE:		
	T— Please print clearly)			
	CONTACT INFORMATIO	N		
A. Emergency Contacts — please those whom we should contact.	se list the names, telephone numbers ct in case of an emergency.	, and the relationships to you of		
B. Physician Contact — please	list the name and emergency telepho	ne number for your physician.		
	MEDICAL INFORMATION	V		
C. Specific Medical Problems —□ Diabetes□ Heart problems□ High blood pressure	 please check those medical condition □ Epilepsy (seizures) □ Kidney problems □ Adrenal problems 	Lung problems Hemophilia Other (list below):		
D. Medications — please list all	prescription and non-prescription n	nedications that you take.		
	ies you have to specific medications, e stings, egg products, iodine, etc.).	as well as any serious general		
	·	•		