

# COMPETITOR DECLARATION

EXTENDED SCRUTINEERING PROGRAM FORM 28/1



## SECTION A – COMPETITOR / EVENT DETAILS (Please Print)

NAME	<input type="text"/>	LIC NUMBER	<input type="text"/>
CLASS	<input type="text"/>	BRACKET	<input type="text"/>
		LICENCE TYPE (JCL/SSL/UDL/GROUP1)	<input type="text"/>
TRACK	<input type="text"/>	EVENT DATE/S	<input type="text"/>

## SECTION B

### CATEGORY ONE – SAFETY CRITICAL

<input type="checkbox"/> Helmet - <b>Standard &amp; Expiry:</b> <input type="text"/>	<input type="checkbox"/> Steering System	<input type="checkbox"/> Throttle Return
<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Suspension System	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Safety Harness (1) - <b>Expiry Date:</b> <input type="text"/>	<input type="checkbox"/> Seat and Mountings	<input type="checkbox"/> Fire System (1)
<input type="checkbox"/> Roll Over Protection (1)	<input type="checkbox"/> Wheels/Tyres	<input type="checkbox"/> Braking System
<input type="checkbox"/> Bellhousing/Auto Trans Shield	<input type="checkbox"/> Lanyard/Ignition	<input type="checkbox"/> Parachute/s
<input type="checkbox"/> Fuel Shutoff	<input type="checkbox"/> Technical Inspection	<input type="checkbox"/> Clutch/Chainguard
<input type="checkbox"/> Supercharger Restraints	<input type="checkbox"/> Cylinder Head Restraints	<input type="checkbox"/> Wheelie Bars

### CATEGORY TWO – SAFETY NON-CRITICAL

<input type="checkbox"/> Engine & Transmission	<input type="checkbox"/> Fuel Tank/Cell/lines	<input type="checkbox"/> Battery/Mounting
<input type="checkbox"/> Clutch & Flywheel	<input type="checkbox"/> Liquid Overflow	<input type="checkbox"/> Battery Isolation Switch
<input type="checkbox"/> Neutral Safety Switch - Auto Trans (1)	<input type="checkbox"/> Lower Eng Cont. Device (1)	<input type="checkbox"/> Lubrication System
<input type="checkbox"/> Wing Mounts	<input type="checkbox"/> Cooling System	<input type="checkbox"/> Firewall

### CATEGORY THREE – CLASS COMPLIANCE AND NON SAFETY

<input type="checkbox"/> Engine Capacity & Components	<input type="checkbox"/> Supercharger Overdrive / Size / Type
<input type="checkbox"/> Transmission Type	<input type="checkbox"/> Electronic Devices
<input type="checkbox"/> Body Dimensions & Aerodynamics	<input type="checkbox"/> General Vehicle Presentation
<input type="checkbox"/> Fuel Blend* <input type="text"/>	<input type="checkbox"/> Competition Number & Class Display

(1) Car Only

NB: Please state Fuel Blend

✓ = Item checked    X = Not applicable

## SECTION C – COMPETITOR STATEMENT

I, the Competitor noted in Section A, state that I or my Agent have inspected the entered vehicle against all items ticked in Section B of this form, and confirm that the vehicle complies with all relevant minimum safety and class eligibility requirements of the ANDRA Competition Regulations, and that the vehicle will be made available for Compliance Audit/s if requested, and I am aware that where any breach of, or non-compliance with these regulations is found during a Compliance Audit I render myself liable to the penalties noted in Section 6.2 of the ESP Policy and/or Tribunal Action and my signature below indicates my acceptance of these conditions.

SIGNATURE OF COMPETITOR	<input type="text"/>	DATE	<input type="text"/>
(official to witness signature)			
WITNESS NAME (Print)	<input type="text"/>	POSITION	<input type="text"/>
WITNESS SIGNATURE	<input type="text"/>	TIME	<input type="text"/>