



SRA Stand Up Scooter/Quad Pre Race Tech Form

Driver Name: _____

Race Number: _____

Date: ____ / ____ / ____

Number Plate Affixed As Per Rules: _____ (Initial)

Seat Affixed With Min 4 Mounting Points: _____ (Initial)

Throttle Return Spring In Place: _____ (Initial)

Gas Tank Mounted Securely: _____ (Initial)

Engine To Spec As Per Rules/Class: _____ (Initial)

Front Width Measured As Per Rules: _____ (Initial)

Rear Width As Per Rules: _____ (Initial)

Overall Length Measured As Per Rules: _____ (Initial)

Engine Kill Switch Mounted & Functional: _____ (Initial)

Full Face Helmet/Open Face With Goggles: _____ (Initial)

Pads (Knee/Elbow): _____ (Initial)

Gloves: _____ (Initial)

Proper Shoes: _____ (Initial)

Proper Clothing: _____ (Initial)

Signature, All Items initialed are in proper order.

Signature