

ADMINISTRATIVE CHECKS

DATE: / /

- Chassis Homologation Number: _____
- Chassis Model: _____
- Chassis Year of Manufacturing: _____
- Engine Number: _____
- Engine Model: _____
- Exhaust Model: OLD / NEW
- Restrictor: YES / NO
- Carburetor Model: _____
- Carburetor Number: _____
- Racing Suit Homologation Number: _____
- Racing Suit Model: _____
- Gloves Model: _____
- Boots Model: _____
- Helmet Homologation Number: _____
- Helmet Model: _____

DRIVER OR TEAM
REPRESENTATIVE WITH
NAME

*****This form should be submitted and SIGNED as a hard copy on the 7th of November 2025 at 17h00 at BLTZ Racing's Bureau at RPM Karting Mtein (Simulator Room).***