

TECHNICAL IDENTITY FORM FOR REGISTERED COMPETITOR VEHICLE

MAKE:	MODEL:	YEAR OF VEHICLE:
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Photograph:

ENGINE:	No of Cylinders	Bore:	Stroke:	Capacity:	cc
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CHASSIS:	To original specification and material	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Chassis Number:		

FRONT SUSPENSION: To original specification and dimensions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Type: Rigid axle, wishbones, McPherson Strut etc		
Springs: coil, leaf, torsion bar		
Dampers: friction, lever, telescopic		
Anti Roll Bar Fitted:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

REAR SUSPENSION: To original specification and dimensions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Type: Rigid axle, wishbones, McPherson Strut, de Dion		
Springs: coil, leaf, torsion bar		
Dampers: friction, lever, telescopic		
Anti Roll Bar Fitted:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

ENGINE: As per period spec for this chassis	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Block and head cast using original material and dimensions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Number of ports and valves as original:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

IGNITION: As per original method of operation:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If electronic, specify system:		

FUEL FEED: As per original method of operation ie Carbs or Injection:			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Carburettor:	Make:	Type:	Number:	
Injection:	Make:	Type:		
Turbocharged or supercharged as Original			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

TRANSMISSION: As per original fitment except for internals:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Make:	Number of Forward Gears:		

DIFFERENTIAL: LSD Fitted:		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Make:	Type:	Number:	

BRAKES:	FRONT	DISC: <input type="checkbox"/>	DRUM: <input type="checkbox"/>
	Diameter:	Thickness:	
	REAR	DISC: <input type="checkbox"/>	DRUM: <input type="checkbox"/>
	Diameter:	Thickness:	

STEERING: As per original method of operation:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Type : Rack and Pinion, Worm and Roller etc:		

WHEELS:	FRONT DIAMETER:	WIDTH:
	REAR DIAMETER:	WIDTH:

BODY: As per original specification and dimensions:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Material of main structure as original:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Complete lighting system fitted and working:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Original Weight according to Maker's specification:	kg.	

DECLARATION.

I certify that the details given above are correct and undertake to notify Scottish Motor Racing Club should any changes be made,

NAME:

ADDRESS:

DATE:

SIGNATURE:

DOCUMENT CHECKED AND ACCEPTED ON BEHALF OF SCOTTISH MOTOR RACING CLUB BY

NAME:

POSITION:

DATE: