

Team M.U.D.D.
Tech Inspection/
Vehicle Information

Name: _____

Make: _____

Model: _____

Year: _____

Plate Number: _____

Front End

- Steering/Linkage
- Brakes/Lines
- Secure Hook Point
- Lug Nuts

Rear End

- Brakes/Lines
- Lug Nuts
- Secure Hook Point
- Suspension/U-Bolts

Driver Compartment

- Seatbelt For Each Occupant
- Charged Fire Extinguisher
- Brake Pedal/Pressure
- Snap Strap
- Screw-Type Clevis

Engine Compartment

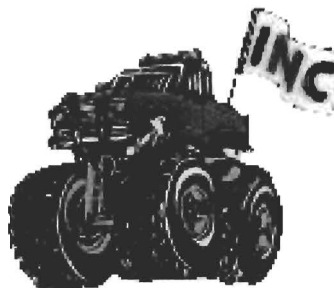
- Battery Mount

Optional Safety Equipment

- First Aid Kit
- Gas Tank Skid Plate
- Roll Bar

Tech Inspector: _____ Date: _____

Vehicle Owner: _____ Date: _____



Please Fill this portion out completely if you wish to be on our mailing list.

Name: _____

Address: _____

City/State: _____

Email Address: _____