



TECHNICAL INSPECTION REPORT FORM

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event:	Organisers:
Venue:	Date of Event:
Permit No:	Course Lic/Cert No. (where applicable):

Technical Official's Name:	ACU Licence No:
Address:	
.....	Postcode:
Tel (day):	Tel (eve):

I hereby certify that I have examined the **machines** submitted, and that they did comply at the time of examination with the rules and regulations governing the event.
Unacceptable machines are listed below with reasons for non-acceptance.

NO.	CLASS	REASON(S) FOR NON-ACCEPTANCE

I hereby certify that I have examined the **clothing and helmets** submitted, and that they did comply at the time of examination with the rules and regulations governing the event.
Unacceptable clothing and helmets are listed below with reasons for non-acceptance.

NO.	CLASS	REASON(S) FOR NON-ACCEPTANCE

Signature:	Date:
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This form to be completed and handed to the Secretary of the Meeting or the Clerk of the Course for immediate transmission to the Steward of the authority granting the Permit.