



COMPETITOR AUDIT DECLARATION

I (the Competitor)

of (address)

hereby state that I or my agent have inspected the vehicle against all items on this form and confirm that the entered vehicle complies with all relevant minimum Safety and Class Eligibility requirements as detailed in the IHRA Australia Rulebook. The vehicle will be made available for Compliance Audits as requested by the appointed Officials.

Licence No:	Eliminator:	Class:
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Category One – Safety Critical		
<input type="checkbox"/> Helmet STD / DATE	<input type="checkbox"/> Steering System	<input type="checkbox"/> Throttle Return
<input type="checkbox"/> Protective Clothing	<input type="checkbox"/> Suspension System	<input type="checkbox"/> Fire System DATE
<input type="checkbox"/> Safety Harness DATE	<input type="checkbox"/> Seat and Mountings	<input type="checkbox"/> Braking System
<input type="checkbox"/> Roll-over Protection	<input type="checkbox"/> Wheels / Tyres	<input type="checkbox"/> Supercharger Restraints
<input type="checkbox"/> Bellhousing / Auto Trans Shield	<input type="checkbox"/> Fuel Shutoff	<input type="checkbox"/> Wheelie Bars
<input type="checkbox"/> Cylinder Head Restraints	<input type="checkbox"/> Tech Inspection	<input type="checkbox"/> Lanyard / Ignition Kill
<input type="checkbox"/> Clutch / Chain Guard	<input type="checkbox"/> Parachutes	<input type="checkbox"/> Frontal Head Restraint

Category Two – Safety Non-Critical		
<input type="checkbox"/> Engine & Transmission	<input type="checkbox"/> Fuel Tank / Fuel Cell	<input type="checkbox"/> Fuel Lines
<input type="checkbox"/> Clutch & Flywheel	<input type="checkbox"/> Liquid Overflow	<input type="checkbox"/> Wing Mounts
<input type="checkbox"/> Neutral Safety Switch (auto trans)	<input type="checkbox"/> Lower Engine Containment Device	<input type="checkbox"/> Auto Trans Shifter
<input type="checkbox"/> Battery / Battery Mounting	<input type="checkbox"/> Lubrication & Cooling System	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Battery Isolation Switch	<input type="checkbox"/> Firewall	<input type="checkbox"/> Nitrous Oxide

Category Three – Class Compliance and Non-Safety	
<input type="checkbox"/> Engine Capacity & Components	<input type="checkbox"/> Supercharger Overdrive %
<input type="checkbox"/> Transmission Type	<input type="checkbox"/> Supercharger is not modified from OEM specifications
<input type="checkbox"/> Body Dimensions & Aerodynamics	<input type="checkbox"/> Supercharger is IHRA Australia approved type only
<input type="checkbox"/> Licence Number & Class Displayed	<input type="checkbox"/> Electronic Devices
<input type="checkbox"/> General Vehicle Presentation	<input type="checkbox"/> No reactive control devices employed or fitted
<input type="checkbox"/> Fuel Blend	<input type="checkbox"/> Fuel Additives

= Item checked = Not applicable * Please note Fuel Blend and Supercharger Overdrive

COMPETITOR DECLARATION: I am aware that where any breach of the Rules or Regulations of the IHRA Australia is found during a Compliance Audit I render myself liable to Tribunal Action and / or appropriate penalties and my signature below indicates my acceptance of this undertaking.

Competitor's Signature: _____ Date: _____

Official's Checks	
<input type="checkbox"/> Holds appropriate Licence	<input type="checkbox"/> Competitor Entry details confirmed
<input type="checkbox"/> Licence is valid	<input type="checkbox"/> Indemnity Statement completed
<input type="checkbox"/> Logbook is valid	<input type="checkbox"/> Competitor's signature witnessed
<input type="checkbox"/> Logbook checked for outstanding entries	<input type="checkbox"/> Wristband issued
<input type="checkbox"/> Compliance Sticker issued	

OFFICIAL'S DECLARATION: In signing this form as an Official I declare that I am satisfied that the competitor has correctly completed the ESP form where necessary.

Official's Name: _____

Signature: _____ Date: _____