

2025 VRRRA Motorcycle Tech Inspection Form

Plate# _____

(one form per machine registered)

Paid Friday Practice Y or N

Practice Group 1 2 3 7

Year/Make/Model _____

Classes entered _____

Helmet certification standard: _____ Month and year of manufacture: _____

Racing numbers on both sides: _____ Medical Data Card Present: _____

Entrants: by signing below you certify that the motorcycle presented for inspection conforms to the period/class rules in Part B and the requirements of Part A of the current VRRRA Rules and Procedures, and that the above helmet information is correct.

Disclaimer: The Rider is responsible for the preparation, safety, and operation of the above motorcycle. The technical inspection is only a partial, general inspection for compliance with the VRRRA Rules and Procedures. It is not an inspection for class eligibility, and it does not remove the responsibility of the Rider for operating and maintaining a safe motorcycle. This technical inspection does not prevent the possibility of an injury or fatality. **Waiver:** By signing this document I agree to hold harmless the VRRRA, any and all organizers and/or volunteers of this event for any injury or fatality resulting from the technical inspection of this motorcycle. I also acknowledge the technical inspection of this motorcycle and equipment does not warrant its suitability under all racing conditions, and that it is my responsibility to periodically check over and maintain this motorcycle throughout the below signed event.

Circle applicable event Quinte TT Summer Classic Vintage Festival Canadian Classic GP

Rider (print name) _____

Rider signature _____ Date _____

Signature of Parent/Guardian for Minor _____ Date _____

Area below for official Safety Team use ONLY

Machine conforms to the required trackside safety standards

Fork Band Colour and Number _____

Date _____ Time _____ Tech inspector signature _____

Re-tech Fork Band Colour and Number _____

Date _____ Time _____ Tech inspector signature _____

Technical Rule Inspection _____ Complies (Yes or No) _____

Comments _____

Technical Coordinator initials _____

This completed form must be retained by the VRRRA Safety Team as "Technical Inspection Reference Material" for the above event.