



Mini Car Club of Tasmania Inc  
 PO Box 611  
 Moonah TAS 7009  
 www.minitas.org.au

## VC Registration Inspection Form

### Vehicle Details

Owner's Name:..... Address:.....

Make & Model:..... Year: .....

Mini Car Club Membership No: ..... Expires: .....

Engine No.:..... Body No.: .....

Colour: ..... Previous Regn No.: .....

### Inspection Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Horn (electric only)  | <input type="checkbox"/> Speed Indicator                           |
| <input type="checkbox"/> Rear-view Mirror  |  |
| <input type="checkbox"/> Glass (must be approved auto type)  |  |
| <input type="checkbox"/> Hi Beam <input type="checkbox"/> Lo Beam <input type="checkbox"/> Park            | <input type="checkbox"/> Brake <input type="checkbox"/> Indicators |
| <input type="checkbox"/> Windscreen Wipers   | <input type="checkbox"/> Washers (if applicable)                   |
| <input type="checkbox"/> Auto neutral switch (if applicable)   |  |
| <input type="checkbox"/> Tyres (must have min 3mm tread, no radial/cross-ply mix)                          |  |
| <input type="checkbox"/> Steering (max RDY 25mm, check for binding, split pins, fasteners)                 |  |
| <input type="checkbox"/> Suspension (check king pins, ball joints, rod ends, any loose or worn components) |  |
| <input type="checkbox"/> Throttle linkage (return springs required, no linkages over centre during travel) |  |
| <input type="checkbox"/> Fuel System (no leaks, no plastic lines, line position and placement)             |  |
| <input type="checkbox"/> Exhaust System (no leaks, outlet must be rearward of rear edge of rearmost door)  |  |
| <input type="checkbox"/> Brakes (four wheels, no leaks, check pedal travel, fluid line position)           |  |
| <input type="checkbox"/> Park Brake (independent of foot brake system)                                     |  |
| <input type="checkbox"/> Seat Belts (condition of webbing and mounting points)                             |  |
| <input type="checkbox"/> Oil Leaks   | <input type="checkbox"/> Scrub Line                                |
| <input type="checkbox"/> Wiring  | <input type="checkbox"/> Road Test                                 |

**Overall Result:**     **Satisfactory**     **Unsatisfactory**

Comments:

Inspected by: (Name)..... (Signature): .....

Date: ..... Phone: .....