New Vehicle Homologation Form



Instructions

Please fill out the form as completely as possible. Enclose Series Registration Form and a check for \$350.

| Team Information | | |
|--------------------------------------------------------------|---------------------|--------------------------|
| Team Name: | | Team Owner: |
| Phone: | | E-Mail: |
| General Vehicle Description | | |
| Manufacturer: | | Model: |
| Year: | | Class: ST, GT, SP, or TC |
| Body Type: | | Wheelbase cm: |
| Induction Type: | | |
| Engine OEM engine designation/code: | | |
| Displacement: | | Number of Cylinders: |
| Cylinder Configura | ation: | Cylinder Firing Order: |
| Engine Miscellaneous | | |
| Transmission Forward Speeds: Manufacturer: | | |
| Forward Speeds: Gear Ratios: | | |
| Geal Ralius. | 1st: 2nd: 4th: 5th: | 3rd: 6th: |
| Transmission code | | Shift Pattern: |
| All Wheel Drive System Transfer Case Manufacturer and Model: | | |
| Center Differential Type and Manufacturer: | | |
| Final Drive Axle Ratio: | | Drivetrain Miscellaneous |
| | | |