



COD AUDIT REPORT

COD Number:

Owner: **Phone:**

Make: **Model:**

Change of Owner (if applicable):

<i>Vehicle Conforms to Certificate of Description Document</i>	<i>YES / NO</i>
---	------------------------

1.1 Chassis Frame and/or Bodyshell: **Yes/No**

1.2 Front Suspension: **Yes/No**

1.3 Rear Suspension: **Yes/No**

1.4 Steering: **Yes/No**

1.5 Brakes: **Yes/No**

2.1 Engine: **Yes/No**

2.2 Cylinder Head: **Yes/No**

2.3 Lubrication: **Yes/No**

2.4 Ignition System: **Yes/No**

2.5 Fuel System / Induction System: **Yes/No**

2.6 Engine Location: **Yes/No**

3.1 Clutch:Yes/No

3.2 Gearbox:Yes/No

3.3 Final Drive:Yes/No

3.4 Transmission Shafts:Yes/No

3.5 Wheels & Tyres:Yes/No

4.2 Electrical System:Yes/No

4.3 Bodywork:Yes/No

4.4 Aerodynamic Aids:Yes/No

4.5 Dimensions:Yes/No

4.6 Safety Equipment:Yes/No

4.7 Interior Trim/Instrumentation:.....Yes/No

4.8 Previous Competition History:Yes/No

4.9 Subsequent Owners:Yes/No

Photographs Comply:Yes/No

Comments:

.....

.....

.....

Auditor: **Date of Audit:**

**Please return completed Certificate of Description Audit form to:
MotorSport New Zealand Inc.
PO Box 3793
Wellington 6140**