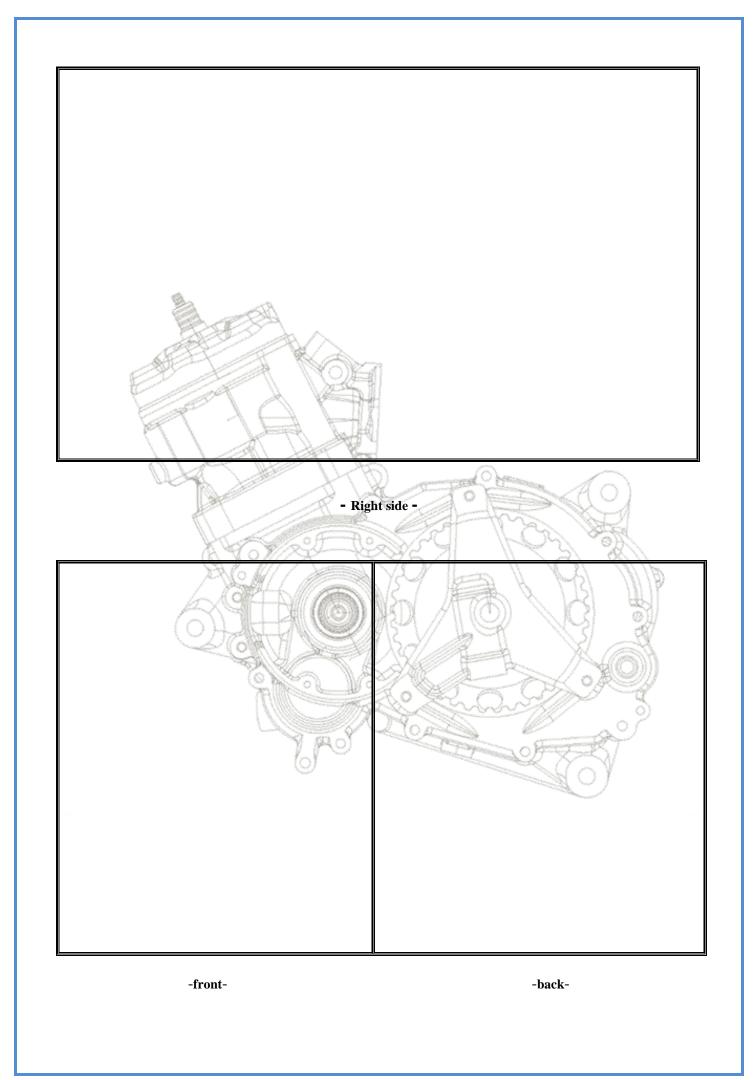
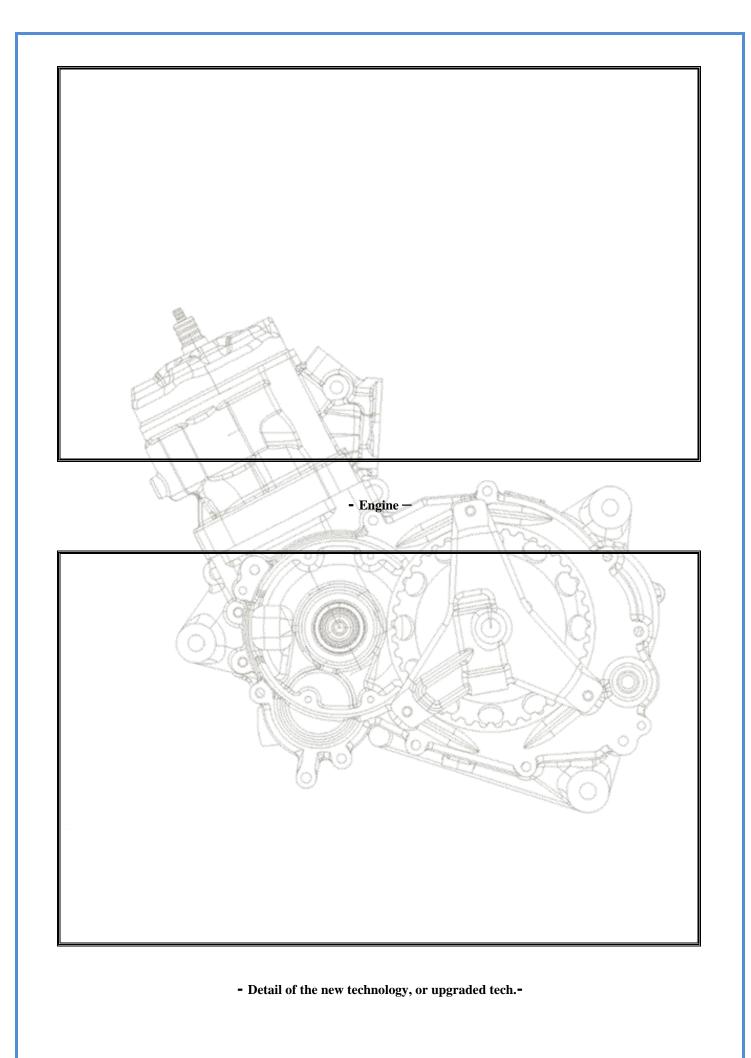
Gontinental Championship Race Tech.® Cup

Prototype analysis form

Team or constructor name:
Address for communication:
Email:
Prototype name :
Vehicle type:
 □ total new prototype □ racing vehicle with upgraded technology □ racing vehicle
Fuel type used :
Engine type*: *specify if: supercharger or atmospheric. Prototype pictures
PS44 27 E2 \ \S\ \\P





Signature of Technical Manager	
This information will not be disclosed in any way, it will be used only to assess the motorcycles compatib	ility with
he championship. The information will be stored in the CCRT register. Only one picture will be published on our internet site.	
The information written in this form will be controlled during technical scrutineering.	
The decisions about the motorcycles compatibility with the championship are unquestionable.	
The Police of th	
This form must be :	1
Fully completed (english language)	(B)
> sent in electronic format to the email address integralecorse@gmail.com or by fax number 0039 06	9079966
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☐ Approved	3)
□ Not approved	p.
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