



MOTORCYCLING QUEENSLAND

SOUND EMISSION



OFFICIAL NOTIFICATION FORM

RULE BREACH

Meeting / Activity: _____

Venue: _____ Date: _____

Details of Entrant /Rider:

Name: _____ Licence No: _____

Class: _____ Rider No: _____

Details of breach and recommended action:

The machine detailed above has exceeded the maximum sound test level allowed in the current Manual of Motorcycle Sport. (GCR'S)

Time	dB(A) Reading

Time	dB(A) Reading

Details of SCO:

Name: _____ MA Licence #: _____

Sound Meter #: _____ Signature: _____

Action Taken by Clerk of Course / Steward:

Details of Clerk of Course / Steward:

Name: _____ Licence No: _____

Position: _____ Signature: _____