

Metropolitan Owners Club of North America Concours Judging Sheets

Owner: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone (Home): _____ **Cell:** _____
E-Mail Address: _____

Vehicle Information:
Year: _____
Chassis Serial No: _____
Body No: _____
Model No: _____
Trim No: _____
Paint No: _____
Engine No: _____

A. Performed by Judging Team as a Group

Does Data Tag Appear to be Original ?	Yes _____	No _____
Does Chassis Serial No. Tag Appear to be Original ?	Yes _____	No _____
Does Chassis Serial Tag Match "E" Number Stamped on Shock Tower ? **	Yes _____	No _____
(Note: Early 1954's, up to about E7000?, were not stamped)		
Does Convertible body reflect all the tell-tale signs of a convertible ?	Yes _____	No _____
Does Windshield frame reflect the correct era the car was built in ?	Yes _____	No _____
Does Idler Arm Bracket reflect the correct era the car was built in ?	Yes _____	No _____
Does Truck Lid, Vent Windows reflect the correct era the car was built in ?	Yes _____	No _____
Does the Owner have any Supporting Documentation on the car	Yes _____	No _____

** Mandatory Item

If any of above items do not match, check dates of engine block, distributor, starter, generator, carburetor, glass, to see if we should continue to Judge the car.

Should car continue to be Judged?

Yes _____	No _____
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Date of Inspection: _____ Location: _____

Owner Signature: _____ Inspector: _____

Metropolitan Owners Club of North America

Chassis Judging Sheets

Page 1 of 2

Owner:	_____
Year:	_____
Date:	_____

Scoring: Point Assignments are to the left of the Scoring Boxes. Mark Originality in the first box, mark Condition in the second box. If no deduction, mark box with a slash. If a deduction is made, please make a note the reason for the deduction.

	Originality	Condition	Comments
1. Undercarriage			

3	<input type="text"/>	2	<input type="text"/>	Under Body, Body Color _____
4	<input type="text"/>		<input checked="" type="checkbox"/>	Undercoating _____
2	<input type="text"/>	2	<input type="text"/>	Battery Box _____
3	<input type="text"/>	2	<input type="text"/>	Battery Cable _____

2. Axles, Suspension			
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3	<input type="text"/>	2	<input type="text"/>	Rear Axle _____
2	<input type="text"/>	2	<input type="text"/>	Rear Shock Absorbers _____
3	<input type="text"/>	2	<input type="text"/>	Rear Leaf Springs, Clamps _____
2	<input type="text"/>	2	<input type="text"/>	Shackles, Bushings _____
4	<input type="text"/>	2	<input type="text"/>	Front A-Frames _____
2	<input type="text"/>	2	<input type="text"/>	Front Shocks _____
3	<input type="text"/>	2	<input type="text"/>	Lower Oil Pan _____
3	<input type="text"/>	2	<input type="text"/>	Lower Engine Support _____
3	<input type="text"/>	2	<input type="text"/>	Engine Motor Mounts _____
2	<input type="text"/>	2	<input type="text"/>	Visible Steering Linkage _____

3. Brakes			
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3	<input type="text"/>	2	<input type="text"/>	Brake Master Cylinder _____
3	<input type="text"/>	2	<input type="text"/>	Clutch Master Cylinder _____
4	<input type="text"/>	2	<input type="text"/>	Brake Backing Plates _____
3	<input type="text"/>	2	<input type="text"/>	Emergency Brake Cable _____
3	<input type="text"/>	2	<input type="text"/>	Brake and Clutch Rubber Hoses _____
4	<input type="text"/>	2	<input type="text"/>	Steel Brake and Clutch Lines _____
4	<input type="text"/>		<input checked="" type="checkbox"/>	Disc Brakes _____

4. Exhaust System			
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2	<input type="text"/>	2	<input type="text"/>	Exhaust Pipe _____
2	<input type="text"/>	2	<input type="text"/>	Tail Pipe _____
3	<input type="text"/>	2	<input type="text"/>	Muffler _____
3	<input type="text"/>	2	<input type="text"/>	Hangers _____
4	<input type="text"/>		<input checked="" type="checkbox"/>	"Glass Pack" Muffler _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 1 Of 2
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Metropolitan Owners Club of North America

Chassis Judging Sheet

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Owner:	_____
Year:	_____
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Originality	Condition	Comments
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5. Gas Tank

4	<input type="checkbox"/>	3	<input type="checkbox"/>	Gas Tank	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Straps	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Grommets	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Filler Cap	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Sending Unit	_____
4	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Fiberglass tank	_____

6. Transmission

2	<input type="checkbox"/>	2	<input type="checkbox"/>	Transmission	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Drive Shaft	_____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Transmission Mounts	_____

12. Wheels, Tires

8	<input type="checkbox"/>	8	<input type="checkbox"/>	Tires	_____
8	<input type="checkbox"/>	8	<input type="checkbox"/>	Wheels	_____
8	<input type="checkbox"/>	8	<input type="checkbox"/>	Hubcaps	_____

7. Cleanliness

15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overall Cleanliness	_____
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deduction Subtotal Page 2 Of 2
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<input type="checkbox"/>	Page 1 Total Deductions		225
<input type="checkbox"/>	Page 2 Total Deductions	(Subtract from 225 Possible)	<input type="checkbox"/>
<input type="checkbox"/>	Total Deduction	Total Exterior	<input type="checkbox"/>

Judge: _____

Metropolitan Owners Club of North America

Engine Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Scoring: Point Assignments are to the left of the Scoring Boxes. Mark Originality in the first box, mark Condition in the second box. If no deduction, mark box with a slash. If a deduction is made, please make a note the reason for the deduction.

Originality	Condition	Comments
Engine Compartment		
10	<input checked="" type="checkbox"/>	Air Conditioning Added _____
10	<input checked="" type="checkbox"/>	Cruise Control Added _____
10	<input checked="" type="checkbox"/>	Power Steering Added _____
4	3	Engine Compartment Body Color _____
3	2	Hood Bumpers _____
3	2	Cowl Lacing and Clip _____
3	2	Hood Safety Catch _____

2. Engine		
4	3	Engine Color _____
6	5	Engine Block Aluminum Tag _____
15	<input checked="" type="checkbox"/>	Engine Size and Configuration Match Series I, II, III, IV _____
15	<input checked="" type="checkbox"/>	Engine Casting Number _____
15	<input checked="" type="checkbox"/>	Engine Casting Date _____
30	<input checked="" type="checkbox"/>	Non-Metropolitan Engine _____

3. Intake / Exhaust manifold		
4	3	Intake Manifold _____
4	3	Exhaust Manifold _____
2	1	Gasoline Overflow Tube _____
3	2	Fasteners, Washers _____

4. Distributor		
4	3	Distributor, Part Number, Date, Color _____
4	3	Lucas Distributor Cap _____
4	3	Ignition Wires, Holder and Spark Plugs _____
3	2	Vacuum Advance Line _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deduction Subtotal Page 1 Of 2
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Engine Judging Sheet

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Year:	_____
Date:	_____

Originality	Condition	Comments
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5. Carburetor, Air Cleaner

4	<input type="text"/>	3	<input type="text"/>	Carburetor, Model, Date _____
4	<input type="text"/>	3	<input type="text"/>	Air Cleaner _____
3	<input type="text"/>	2	<input type="text"/>	Air Cleaner Supports _____
2	<input type="text"/>	2	<input type="text"/>	Air Cleaner Clamp and Seal _____
2	<input type="text"/>	2	<input type="text"/>	Breather Hose and Clamps _____
3	<input type="text"/>	2	<input type="text"/>	Linkage, Support Bushing _____

6. Fuel Pump

4	<input type="text"/>	3	<input type="text"/>	Engine Fuel Braided Line _____
4	<input type="text"/>	3	<input type="text"/>	Engine Steel Fuel Line _____
3	<input type="text"/>	2	<input type="text"/>	Fuel Pump Pull Rod _____
4	<input type="text"/>	3	<input type="text"/>	Fuel Pump _____
5	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	Electric Fuel Pump _____

7. Water Pump

3	<input type="text"/>	2	<input type="text"/>	Cast Iron Water Pump _____
3	<input type="text"/>	2	<input type="text"/>	Fan Blade _____
3	<input type="text"/>	2	<input type="text"/>	Pulley _____
3	<input type="text"/>	2	<input type="text"/>	Fan Belt _____

8. Heater Related

3	<input type="text"/>	2	<input type="text"/>	Heater _____
2	<input type="text"/>	2	<input type="text"/>	Heater Data Plate _____
3	<input type="text"/>	2	<input type="text"/>	Heater Hoses _____
3	<input type="text"/>	2	<input type="text"/>	Heater Hose Clamps _____
2	<input type="text"/>	2	<input type="text"/>	Upper Radiator Hose _____
2	<input type="text"/>	2	<input type="text"/>	Lower Radiator Hose _____
3	<input type="text"/>	2	<input type="text"/>	"T" Hose _____
3	<input type="text"/>	2	<input type="text"/>	Radiator Hose Clamps _____
2	<input type="text"/>	2	<input type="text"/>	Radiator Metal Pipe _____
2	<input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	Drain Hoses from Cowl Vent _____
3	<input type="text"/>	2	<input type="text"/>	Radiator Cap _____
4	<input type="text"/>	3	<input type="text"/>	Radiator and Tags _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 2 Of 3
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Engine Judging Sheet

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Owner:	_____
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Originality	Condition	Comments
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9. Generator				
4	<input type="checkbox"/>	3	<input type="checkbox"/>	Generator, Model, Date _____
4	<input type="checkbox"/>	3	<input type="checkbox"/>	Lucas Coil, Condenser _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Decal _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Holder _____

10. Oil Filter				
4	<input type="checkbox"/>	3	<input type="checkbox"/>	Oil Filter _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Oil Filter Piping _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Dipstick _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Oil Pressure Switch _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Coolant Drain _____

11. Electrical				
4	<input type="checkbox"/>	3	<input type="checkbox"/>	Wiring Harness and Tag _____
4	<input type="checkbox"/>	3	<input type="checkbox"/>	Starter, Model, Date _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Lucas Voltage Regulator _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Fuse Block _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Lucas Fuses _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Ignition Switch _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Ignition Switch Boots _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Starter Cable, Holder _____

12. Valve Cover				
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Valve Cover, Fasteners _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Valve Cover Tags, Rivets _____
3	<input type="checkbox"/>	2	<input type="checkbox"/>	Oil Cap, Cable _____

13. Overall Cleanliness			
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Overall Cleanliness _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deduction Subtotal Page 3 of 3
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<input type="checkbox"/>	Page 1 Total Deductions		450
<input type="checkbox"/>	Page 2 Total Deductions	(Subtract from 450 Possible)	<input type="checkbox"/>
<input type="checkbox"/>	Page 3 Total Deductions	Total Exterior	<input type="checkbox"/>
<input type="checkbox"/>	Total Deduction		

Judge: _____

Metropolitan Owners Club of North America

Exterior Judging Sheet

Page 1 of 3

Owner:	_____
Year:	_____
Date:	_____

Scoring: Point Assignments are to the left of the Scoring Boxes. Mark Originality in the first box, mark Condition in the second box. If no deduction, mark box with a slash. If a deduction is made, please make a note the reason for the deduction.

	Originality	Condition	Comments
1. Beading and Seams			

1	<input type="checkbox"/>	1	<input type="checkbox"/>	Rear Fender Beading _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Front Fender Near Windshield _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Headlight to Grille (seam shows prior to 1957). _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Under Headlights. _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Under Taillights. _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Each End of Rocker Panel _____

2. Body			
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5	<input type="checkbox"/>	5	<input type="checkbox"/>	Doors (dents & scratches) _____
5	<input type="checkbox"/>	5	<input type="checkbox"/>	Fenders, Front (dents & scratches) _____
5	<input type="checkbox"/>	5	<input type="checkbox"/>	Fenders, Rear (dents & scratches) _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Hood, (dents & scratches) No deduction for Flying Lady hood ornament. _____
10	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	Wrong Hood, No Scoop beginning E-21008 _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Top, Metal Only _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Trunk, External opening Beg.E59048, check for black, lid liner _____
10	<input type="checkbox"/>	2	<input checked="" type="checkbox"/>	Improper trunk no lid before E-59048 _____
3	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	Side molding -Beg. E21008 Dings/scratches _____
6	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	Side moldings before E21008 _____
30	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	Color, Colors reversed, or Non Met colors _____
10	<input type="checkbox"/>	3	<input checked="" type="checkbox"/>	Wrong Color From Data Plate and/or Unreasonable Match _____
2	<input type="checkbox"/>	1	<input type="checkbox"/>	Paint lines/break (check insides of doors, hood, and under taillights) _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Door Handles (square locks begins E-48848) _____
1	<input type="checkbox"/>	1	<input type="checkbox"/>	Door Handle Paper Gaskets _____

3. Lights			
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6	<input type="checkbox"/>	4	<input type="checkbox"/>	Headlights, GE in Circle _____
6	<input type="checkbox"/>	4	<input type="checkbox"/>	Headlight Bezels _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Headlight Rubber Seals _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Parking Lights, Front Glass _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Parking Lights, Front Chrome Bezels _____
2	<input type="checkbox"/>	2	<input type="checkbox"/>	Parking Lights, Front Rubber Seals _____
3	<input type="checkbox"/>	3	<input type="checkbox"/>	Tail-Light Lenses (Lucas 523) _____
4	<input type="checkbox"/>	4	<input type="checkbox"/>	Taillight Bezel Plating Under Clear Plastic. _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deduction Subtotal Page 1 Of 2
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Metropolitan Owners Club of North America

Exterior Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Originality	Condition	Comments
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4. Mirror

4	<input type="text"/>	2	<input type="text"/>	Exterior Mirrors, Plating, Glass _____
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5. Radiator, Grille

2	<input type="text"/>	2	<input type="text"/>	Grille _____
2	<input type="text"/>	2	<input type="text"/>	Grille Surround _____
2	<input type="text"/>	2	<input type="text"/>	Ornament / Medallion _____
10	<input type="text"/>		<input checked="" type="checkbox"/>	Wrong Grille _____

6. Glass

3	<input type="text"/>	2	<input type="text"/>	Windshield, Triplex Toughened Logo _____
2	<input type="text"/>	2	<input type="text"/>	Windshield Molding (2-pc Beg E45672) _____
2	<input type="text"/>	2	<input type="text"/>	Windshield Rubber Seal _____
3	<input type="text"/>	2	<input type="text"/>	Rear Window (1-pc. Beg E45672) _____
3	<input type="text"/>	2	<input type="text"/>	Side Windows _____
2	<input type="text"/>	2	<input type="text"/>	Side Window Chrome _____
3	<input type="text"/>	2	<input type="text"/>	Vent Windows _____
2	<input type="text"/>	2	<input type="text"/>	Vent Window Chrome _____
2	<input type="text"/>	2	<input type="text"/>	Vent Window Rubber _____

7. Windshield Wipers

3	<input type="text"/>	2	<input type="text"/>	Wiper Arms _____
2	<input type="text"/>	2	<input type="text"/>	Wiper Blades _____
2	<input type="text"/>	2	<input type="text"/>	Wiper Post Rubber _____

8. Weather Strips

2	<input type="text"/>	2	<input type="text"/>	Trunk Weatherstrip _____
2	<input type="text"/>	2	<input type="text"/>	Door Weatherstrip _____
2	<input type="text"/>	2	<input type="text"/>	Roof Rail Weatherstrip _____
3	<input type="text"/>	2	<input type="text"/>	Trunk Drain Hoses & Clamps _____
2	<input type="text"/>	2	<input type="text"/>	Aluminum End Plates on Doors _____
2	<input type="text"/>	2	<input type="text"/>	Roof Rail Weatherstrip _____

9. Emblems

2	<input type="text"/>	2	<input type="text"/>	NKI Emblem (up to E2869) _____
2	<input type="text"/>	2	<input type="text"/>	Metropolitan Side Emblem (after E2869) _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 2 of 3
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Metropolitan Owners Club of North America

Exterior Judging Sheet

Page 3 of 3

Owner:	_____
Year:	_____
Date:	_____

Originality	Condition	Comments
10. Trunk		

2	<input type="text"/>	2	<input type="text"/>	Trunk Lid Hinges _____
2	<input type="text"/>	2	<input type="text"/>	Trunk Lid Handle _____
3	<input type="text"/>	2	<input type="text"/>	Hinge and Handle Paper Gaskets _____

11. Bumpers		
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2	<input type="text"/>	2	<input type="text"/>	Front Bumper _____
2	<input type="text"/>	2	<input type="text"/>	Front Bumper Guards _____
2	<input type="text"/>	2	<input type="text"/>	Front Bumper Guards Rubber Seals _____
2	<input type="text"/>	2	<input type="text"/>	Rear Bumper _____
2	<input type="text"/>	2	<input type="text"/>	Rear Bumper Guards _____
2	<input type="text"/>	2	<input type="text"/>	Rear Bumper Guards Rubber Seals _____
2	<input type="text"/>	2	<input type="text"/>	Bumper Spacers _____
4	<input type="text"/>	2	<input type="text"/>	Bumper Bolts _____

12. Spare Wheel, Tire and Cover		
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3	<input type="text"/>	2	<input type="text"/>	Spare Tire _____
3	<input type="text"/>	2	<input type="text"/>	Spare Tire Cover and Snaps _____
2	<input type="text"/>	2	<input type="text"/>	Spare Tire Cap, Light, lense, cord _____

7. Cleanliness		
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15	<input type="text"/>	<input checked="" type="checkbox"/>	Overall Cleanliness _____
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<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 3 of 3
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<input type="text"/>	Page 1 Total Deductions		
<input type="text"/>	Page 2 Total Deductions	(Subtract from 375 Possible)	<input type="text"/>
<input type="text"/>	Page 3 Total Deductions	Total Exterior	<input type="text"/>
<input type="text"/>	Total Deduction		

Judge: _____

Metropolitan Owners Club of North America Interior Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Scoring: Point Assignments are to the left of the Scoring Boxes. Mark Originality in the first box, mark Condition in the second box. If no deduction, mark box with a slash. If a deduction is made, please make a note the reason for the deduction.

Originality	Condition	Comments
1. Dash		
4	<input type="text"/>	Dashboard _____
4	<input type="text"/>	Dashboard Color _____
4	<input type="text"/>	Windshield Frame Inside Color _____
4	<input type="text"/>	Windshield Molding, Fasteners _____
3	<input type="text"/>	Glove Box Door, Lock _____
3	<input type="text"/>	Glove Box Cardboard Liner _____
2	<input type="text"/>	Owners Manual _____
3	<input type="text"/>	Ash Tray, Springs _____
3	<input type="text"/>	Rear View mirror _____

2. Upholstery		
5	<input type="text"/>	Front Seat Cushion _____
5	<input type="text"/>	Front Seat backs _____
5	<input type="text"/>	Rear Seat Cushion _____
5	<input type="text"/>	Rear Seat Back, Lock, Latch _____
5	<input type="text"/>	Door Panels _____
4	<input type="text"/>	Kick Panels _____
4	<input type="text"/>	Rear Seat Trim _____
5	<input type="text"/>	Black Rubber Floor Mat _____
10	<input type="text"/>	Carpet (Period Correct) _____
3	<input type="text"/>	Storm Strips _____
3	<input type="text"/>	Headliner (Hardtop Only) _____
3	<input type="text"/>	Sunvisors _____

3. Instruments		
3	<input type="text"/>	Speedometer, Dial, Needle, Gasket _____
2	<input type="text"/>	High Beam Indicator _____
2	<input type="text"/>	Fuel gage _____
2	<input type="text"/>	Turn Signal Indicator _____
4	<input type="text"/>	Radio, Knobs, Pointer _____
4	<input type="text"/>	Radio Antenna _____
3	<input type="text"/>	Cigar lighter _____
4	<input type="text"/>	Added gages _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 1 Of 2
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Metropolitan Owners Club of North America

Interior Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Originality Condition

Comments

4. Switches, Knobs

4	<input type="text"/>	2	<input type="text"/>	Headlight Switch _____
3	<input type="text"/>	2	<input type="text"/>	Pull To Start Knob _____
2	<input type="text"/>	2	<input type="text"/>	Choke _____
2	<input type="text"/>	2	<input type="text"/>	Heater _____
2	<input type="text"/>	2	<input type="text"/>	Wiper _____
2	<input type="text"/>	2	<input type="text"/>	Turn Signal Switch _____
3	<input type="text"/>	2	<input type="text"/>	Horn Button _____
3	<input type="text"/>	2	<input type="text"/>	Gear Shift lever and Knob _____
3	<input type="text"/>	2	<input type="text"/>	Steering Wheel _____

5. Handles

3	<input type="text"/>	3	<input type="text"/>	Door Opening Handles _____
3	<input type="text"/>	3	<input type="text"/>	Window Cranks _____
3	<input type="text"/>	3	<input type="text"/>	Escutcheons _____
3	<input type="text"/>	3	<input type="text"/>	Emergency Brake Handle and Knob _____

6. Pedals

2	<input type="text"/>	2	<input type="text"/>	Clutch Pedal _____
2	<input type="text"/>	2	<input type="text"/>	Brake Pedal _____
2	<input type="text"/>	2	<input type="text"/>	Gas Pedal _____

7. Convertible Top

5	<input type="text"/>	4	<input type="text"/>	Convertible Top and Window _____
2	<input type="text"/>	2	<input type="text"/>	Snaps _____
2	<input type="text"/>	2	<input type="text"/>	4-Philips Head Screws _____
4	<input type="text"/>	3	<input type="text"/>	Top Irons _____
4	<input type="text"/>	3	<input type="text"/>	Convertible Top Boot _____

8. Trunk Area

4	<input type="text"/>	3	<input type="text"/>	Interior of Trunk, Body Color _____
4	<input type="text"/>	3	<input type="text"/>	Trunk Mat _____
3	<input type="text"/>	2	<input type="text"/>	Wiring _____
4	<input type="text"/>	3	<input type="text"/>	Jack and Handle _____
3	<input type="text"/>	2	<input type="text"/>	Jack Instructions _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 2 Of 3
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Interior Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Originality Condition

Comments

9. Door Jam Area

3	<input type="text"/>	3	<input type="text"/>	Door Jam _____
3	<input type="text"/>	2	<input type="text"/>	Hinges _____
3	<input type="text"/>	2	<input type="text"/>	Strikers / Latches _____
4	<input type="text"/>	3	<input type="text"/>	Door Sill Plates _____
4	<input type="text"/>	3	<input type="text"/>	Aluminum Plates, Front, Rear _____

10. Cleanliness

15 Overall Cleanliness _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	Deduction Subtotal Page 3 of 3
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<input type="text"/>	Page 1 Total Deductions		375
<input type="text"/>	Page 2 Total Deductions	(Subtract from 350 Possible)	<input type="text"/>
<input type="text"/>	Page 3 Total Deductions		_____
<input type="text"/>	Total Deduction	Total Exterior	<input type="text"/>

Judge: _____

Metropolitan Owners Club of North America

Operation Checks

Page 1 of 2

Name: _____
E-: _____
Year: _____ Date: _____

Functions are to be performed by the Owner or designated person.

Scoring: No repair or adjustment during judging. Deduct 2-points for each line item failure.

Make partial deductions for incomplete function or faulty components. If no deduction, mark with a slash.

Mark factory delete with N/A

- | | |
|----|--|
| 1 | Doors - open and close easily. _____ |
| 2 | Door Catch - Holds door open _____ |
| 3 | Door Lock – exterior lock/unlock _____ |
| 4 | Door Lock – inside lock/unlock _____ |
| 5 | Trunk Lock - lock / unlock _____ |
| 6 | Glove Box Lock - if so equipped _____ |
| 7 | Rear Seat back Latch and/or lock _____ |
| 8 | Hood Latch –unlatches and latches easily. _____ |
| 9 | Hood Safety Catch - catch keeps hood from opening. _____ |
| 10 | Vent Windows – opens, closes and latches _____ |
| 11 | Side Windows – Rolls up / down with ease, does not push down. _____ |
| 12 | Trunk - Opens, is held open by support. Latch holds trunk closed. _____ |
| 13 | Ease of Engine Starting _____ |
| 14 | Fuel System – No Leaks _____ |
| 15 | Low Oil Pressure / Charging Lamp – Both lights on / go out _____ |
| 16 | Pull to Start Cable - Operation _____ |
| 17 | Headlamps – High Beams _____ |
| 18 | Headlamps – High Beam indicator _____ |
| 19 | Headlamps – Low Beams _____ |
| 20 | Parking Lamps – Front _____ |
| 21 | Parking Lamps – Rear (upper) _____ |
| 22 | Brake Lamps – Rear (upper) _____ |
| 23 | License Lamp _____ |
| 24 | Turn Signals – Rear (lower) _____ |
| 25 | Turn Signals – Front _____ |
| 26 | Turn Signal Indicator - Dash _____ |
| 27 | Emergency Brake – Must hold car _____ |
| 28 | Front Seat Adjustment – slide front/rear with ease _____ |
| 29 | Sun Visors – swing and fold down with ease, holds position _____ |
| 30 | Rear View Mirror – adjusts/holds position _____ |
| 31 | Fuel Gauge _____ |
| 32 | Cigarette Lighter – Glows red _____ |
| 33 | Radio – Volume control and station indicator _____ |
| 34 | Choke Cable – Operation _____ |
| 35 | Engine Acceleration / Idle _____ |
| 36 | Heater Fan Switch _____ |
| 37 | Cable Pull - Heat _____ |

<input type="text"/> Deduction Subtotal Page 1 of 2

Metropolitan Owners Club of North America

Operation Checks

Page 1 of 2

Name:	_____
E-:	_____
Year:	Date:

- 38 **Defroster - Blower Doors** _____
- 39 **Clutch Operation** _____
- 40 **Ease of Shifting** – must shift smoothly _____
- 41 **Ignition Switch** – On/Off _____
- 42 **Windshield Wipers** – move freely, blades not torn. _____
- 43 **Horn** – Operation (both HI/LOW note) _____
- 44 **Underdash Light / Switch** _____
- 45 **Steering** – 2" radius movement maximum _____
- 46 **Shocks** – Max. 3x bounce _____
- 47 **Spare Tire** – should be hard _____
- 48 **Brakes** – no leaks, check pedal travel (no bottoming out) _____
- 49 **Exhaust** – No leaks _____
- 50 **Jack / Handle** – Original Type, Operation of Thread _____

<input type="checkbox"/>	Deduction Subtotal Page 2 of 2
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<input type="checkbox"/>	Page 1 Subtotal		100	Total Possible
<input type="checkbox"/>	Page 2 Subtotal	<input type="checkbox"/>		Less Deductions
<input type="checkbox"/>	Total Deductions	<input type="checkbox"/>		Total Operations

Judge:	_____
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Metropolitan Owners Club of North America
Judging Summary

Page 1 of 1

Owner: _____
Year: _____
Date: _____

Totals:

Chassis

Engine

Exterior

Interior

Operations

Total Deductions

Possible Points

1525

Deductions

Total

Gold: 1449 - 1525

Silver: 1372 - 1448

Bronze: 1296 - 1371

Award Earned:

Chief Judge: