

Metropolitan Owners Club of North America Test of Time 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
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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 _____

Date of Inspection: _____ **Location:** _____
Owner Signature: _____ **Inspector:** _____

Metropolitan Owners Club of North America

Chassis Judging Sheets

Page 1 of 2

Owner: _____
Year: _____
Date: _____

Item	YES	NO			
1. Undercarriage					
Under Body, Body Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Undercoating _____	<input type="checkbox"/>	<input type="checkbox"/>			
Battery Box _____	<input type="checkbox"/>	<input type="checkbox"/>			
Battery Cable _____	<input type="checkbox"/>	<input type="checkbox"/>			
2. Axles, Suspension					
Rear Axle _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Shock Absorbers _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Leaf Springs, Clamps _____	<input type="checkbox"/>	<input type="checkbox"/>			
Shackles, Bushings _____	<input type="checkbox"/>	<input type="checkbox"/>			
Front A-Frames _____	<input type="checkbox"/>	<input type="checkbox"/>			
Front Shocks _____	<input type="checkbox"/>	<input type="checkbox"/>			
Lower Oil Pan _____	<input type="checkbox"/>	<input type="checkbox"/>			
Lower Engine Support _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Motor Mounts _____	<input type="checkbox"/>	<input type="checkbox"/>			
Visible Steering Linkage _____	<input type="checkbox"/>	<input type="checkbox"/>			
3. Brakes					
Brake Master Cylinder _____	<input type="checkbox"/>	<input type="checkbox"/>			
Clutch Master Cylinder _____	<input type="checkbox"/>	<input type="checkbox"/>			
Brake Backing Plates _____	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Brake Cable _____	<input type="checkbox"/>	<input type="checkbox"/>			
Brake and Clutch Rubber Hoses _____	<input type="checkbox"/>	<input type="checkbox"/>			
Steel Brake and Clutch Lines _____	<input type="checkbox"/>	<input type="checkbox"/>			
Disc Brakes _____	<input type="checkbox"/>	<input type="checkbox"/>			
4. Exhaust System					
Exhaust Pipe _____	<input type="checkbox"/>	<input type="checkbox"/>			
Tail Pipe _____	<input type="checkbox"/>	<input type="checkbox"/>			
Muffler _____	<input type="checkbox"/>	<input type="checkbox"/>			
Hangers _____	<input type="checkbox"/>	<input type="checkbox"/>			
"Glass Pack" Muffler _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Deduction Subtotal Page 1 of 2 _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 1 of 2 _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 1 of 2 _____	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Chassis Judging Sheet

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Owner: _____
Year: _____
Date: _____

YES

NO

5. Gas Tank

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

6. Transmission

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

12. Wheels, Tires

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

<input type="checkbox"/>	Deduction Subtotal Page 2 of 2 _____	<input type="checkbox"/>	<input type="checkbox"/>
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Sheet #1 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
Sheet #2 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
Divide No / 38 * 100	<input type="checkbox"/>	(max 15)
Percentage	<input type="checkbox"/>	(60% max)

Judge: _____

Metropolitan Owners Club of North America Engine Judging Sheet

Page 1 of 3

Owner: _____
Year: _____
Date: _____

Item	YES	NO			
1. Engine Compartment					
Air Conditioning Added _____	<input type="checkbox"/>	<input type="checkbox"/>			
Cruise Control Added _____	<input type="checkbox"/>	<input type="checkbox"/>			
Power Steering Added _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Compartment Body Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Hood Bumpers _____	<input type="checkbox"/>	<input type="checkbox"/>			
Cowl Lacing and Clip _____	<input type="checkbox"/>	<input type="checkbox"/>			
Hood Safety Catch _____	<input type="checkbox"/>	<input type="checkbox"/>			
2. Engine					
Engine Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Block Aluminum Tag _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Size and Configuration Match Series I, II, III, IV _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Casting Number _____	<input type="checkbox"/>	<input type="checkbox"/>			
Engine Casting Date _____	<input type="checkbox"/>	<input type="checkbox"/>			
Non-Metropolitan Engine _____	<input type="checkbox"/>	<input type="checkbox"/>			
3. Intake / Exhaust manifold					
Intake Manifold _____	<input type="checkbox"/>	<input type="checkbox"/>			
Exhaust Manifold _____	<input type="checkbox"/>	<input type="checkbox"/>			
Gasoline Overflow Tube _____	<input type="checkbox"/>	<input type="checkbox"/>			
Fasteners, Washers _____	<input type="checkbox"/>	<input type="checkbox"/>			
4. Distributor					
Distributor, Part Number, Date, Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Lucas Distributor Cap _____	<input type="checkbox"/>	<input type="checkbox"/>			
Ignition Wires, Holder and Spark Plugs _____	<input type="checkbox"/>	<input type="checkbox"/>			
Vacuum Advance Line _____	<input type="checkbox"/>	<input type="checkbox"/>			
5. Carburetor, Air Cleaner					
Carburetor, Model, Date _____	<input type="checkbox"/>	<input type="checkbox"/>			
Air Cleaner _____	<input type="checkbox"/>	<input type="checkbox"/>			
Air Cleaner Supports _____	<input type="checkbox"/>	<input type="checkbox"/>			
Air Cleaner Clamp and Seal _____	<input type="checkbox"/>	<input type="checkbox"/>			
Breather Hose and Clamps _____	<input type="checkbox"/>	<input type="checkbox"/>			
Linkage, Support Bushing _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">Deduction Subtotal Page 1 of 3 _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 1 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 1 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Engine Judging Sheet

Page 2 of 3

Owner: _____
 Year: _____
 Date: _____

Item	YES	NO
6. Fuel Pump		
Engine Fuel Braided Line _____	<input type="checkbox"/>	<input type="checkbox"/>
Engine Steel Fuel Line _____	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Pump Pull Rod _____	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Pump _____	<input type="checkbox"/>	<input type="checkbox"/>
Electric Fuel Pump _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Water Pump		
Cast Iron Water Pump _____	<input type="checkbox"/>	<input type="checkbox"/>
Fan Blade _____	<input type="checkbox"/>	<input type="checkbox"/>
Pulley _____	<input type="checkbox"/>	<input type="checkbox"/>
Fan Belt _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Heater Related		
Heater _____	<input type="checkbox"/>	<input type="checkbox"/>
Heater Data Plate _____	<input type="checkbox"/>	<input type="checkbox"/>
Heater Hoses _____	<input type="checkbox"/>	<input type="checkbox"/>
Heater Hose Clamps _____	<input type="checkbox"/>	<input type="checkbox"/>
Upper Radiator Hose _____	<input type="checkbox"/>	<input type="checkbox"/>
Lower Radiator Hose _____	<input type="checkbox"/>	<input type="checkbox"/>
"T" Hose _____	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Hose Clamps _____	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Metal Pipe _____	<input type="checkbox"/>	<input type="checkbox"/>
Drain Hoses from Cowl Vent _____	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Cap _____	<input type="checkbox"/>	<input type="checkbox"/>
Radiator and Tags _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Generator		
Generator, Model, Date _____	<input type="checkbox"/>	<input type="checkbox"/>
Lucas Coil, Condenser _____	<input type="checkbox"/>	<input type="checkbox"/>
Decal _____	<input type="checkbox"/>	<input type="checkbox"/>
Holder _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 2 of 3 _____ <input style="width: 40px; height: 20px;" type="checkbox"/> <input style="width: 40px; height: 20px;" type="checkbox"/>		

Metropolitan Owners Club of North America

Engine Judging Sheet

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Owner:	_____
Year:	_____
Date:	_____

Item	YES	NO
10. Oil Filter		

Oil Filter _____	<input type="checkbox"/>	<input type="checkbox"/>
Oil Filter Piping _____	<input type="checkbox"/>	<input type="checkbox"/>
Dipstick _____	<input type="checkbox"/>	<input type="checkbox"/>
Oil Pressure Switch _____	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Drain _____	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	Sheet #1 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Sheet #2 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Sheet #3 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Total	<input type="checkbox"/>	<input type="checkbox"/>
	Divide NO / 68 * 100	<input type="checkbox"/>	(max 17)
	Percentage	<input type="checkbox"/>	(75% max)
Judge:			

Metropolitan Owners Club of North America

Exterior Judging Sheet

Page 1 of 3

Owner:	_____
Year:	_____
Date:	_____

Item	YES	NO			
1. Beading and Seams					
Rear Fender Beading _____	<input type="checkbox"/>	<input type="checkbox"/>			
Front Fender Near Windshield _____	<input type="checkbox"/>	<input type="checkbox"/>			
Headlight to Grille (seam shows prior to 1957). _____	<input type="checkbox"/>	<input type="checkbox"/>			
Under Headlights. _____	<input type="checkbox"/>	<input type="checkbox"/>			
Under Taillights. _____	<input type="checkbox"/>	<input type="checkbox"/>			
Each End of Rocker Panel _____	<input type="checkbox"/>	<input type="checkbox"/>			
2. Body					
Doors (dents & scratches) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Fenders, Front (dents & scratches) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Fenders, Rear (dents & scratches) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Hood, (dents & scratches) No deduction for Flying Lady hood ornament. _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wrong Hood, No Scoop beginning E-21008 _____	<input type="checkbox"/>	<input type="checkbox"/>			
Top, Metal Only _____	<input type="checkbox"/>	<input type="checkbox"/>			
Trunk, External opening Beg.E59048, check for black, lid liner _____	<input type="checkbox"/>	<input type="checkbox"/>			
Improper trunk no lid before E-59048 _____	<input type="checkbox"/>	<input type="checkbox"/>			
Side molding -Beg. E21008 Dings/scratches _____	<input type="checkbox"/>	<input type="checkbox"/>			
Side moldings before E21008 _____	<input type="checkbox"/>	<input type="checkbox"/>			
Color, Colors reversed, or Non Met colors _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wrong Color From Data Plate and/or Unreasonable Match _____	<input type="checkbox"/>	<input type="checkbox"/>			
Paint lines/break (check insides of doors, hood, and under taillights) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Door Handles (square locks begins E-48848) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Door Handle Paper Gaskets _____	<input type="checkbox"/>	<input type="checkbox"/>			
3. Lights					
Headlights, GE in Circle _____	<input type="checkbox"/>	<input type="checkbox"/>			
Headlight Bezels _____	<input type="checkbox"/>	<input type="checkbox"/>			
Headlight Rubber Seals _____	<input type="checkbox"/>	<input type="checkbox"/>			
Parking Lights, Front Glass _____	<input type="checkbox"/>	<input type="checkbox"/>			
Parking Lights, Front Chrome Bezels _____	<input type="checkbox"/>	<input type="checkbox"/>			
Parking Lights, Front Rubber Seals _____	<input type="checkbox"/>	<input type="checkbox"/>			
Tail-Light Lenses (Lucas 523) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Taillight Bezel Plating Under Clear Plastic. _____	<input type="checkbox"/>	<input type="checkbox"/>			
4. Mirror					
Exterior Mirrors, Plating, Glass _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Deduction Subtotal Page 1 of 3 _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 1 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 1 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Exterior Judging Sheet

Page 2 of 3

Owner: _____
Year: _____
Date: _____

Item	YES	NO			
5. Radiator, Grille					
Grille _____	<input type="checkbox"/>	<input type="checkbox"/>			
Grille Surround _____	<input type="checkbox"/>	<input type="checkbox"/>			
Ornament / Medallion _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wrong Grille _____	<input type="checkbox"/>	<input type="checkbox"/>			
6. Glass					
Windshield, Triplex Toughened Logo _____	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield Molding (2-pc Beg E45672) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield Rubber Seal _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Window (1-pc. Beg E45672) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Side Windows _____	<input type="checkbox"/>	<input type="checkbox"/>			
Side Window Chrome _____	<input type="checkbox"/>	<input type="checkbox"/>			
Vent Windows _____	<input type="checkbox"/>	<input type="checkbox"/>			
Vent Window Chrome _____	<input type="checkbox"/>	<input type="checkbox"/>			
Vent Window Rubber _____	<input type="checkbox"/>	<input type="checkbox"/>			
7. Windshield Wipers					
Wiper Arms _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wiper Blades _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wiper Post Rubber _____	<input type="checkbox"/>	<input type="checkbox"/>			
8. Weather Strips					
Trunk Weatherstrip _____	<input type="checkbox"/>	<input type="checkbox"/>			
Door Weatherstrip _____	<input type="checkbox"/>	<input type="checkbox"/>			
Roof Rail Weatherstrip _____	<input type="checkbox"/>	<input type="checkbox"/>			
Trunk Drain Hoses & Clamps _____	<input type="checkbox"/>	<input type="checkbox"/>			
Aluminum End Plates on Doors _____	<input type="checkbox"/>	<input type="checkbox"/>			
Roof Rail Weatherstrip _____	<input type="checkbox"/>	<input type="checkbox"/>			
9. Emblems					
NKI Emblem (up to E2869) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Metropolitan Side Emblem (after E2869) _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Deduction Subtotal Page 2 of 3 _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 2 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 2 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Exterior Judging Sheet

Page 3 of 3

Owner: _____
Year: _____
Date: _____

Item	YES	NO
10. Trunk		

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

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

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

Deduction Subtotal Page 3 of 3 _____	<input type="checkbox"/>	<input type="checkbox"/>
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Sheet #1 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
Sheet #2 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
Sheet #3 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>
Divide NO / 68 * 100	<input type="checkbox"/>	(max 17)
Percentage	<input type="checkbox"/>	(75% max)

Judge: _____

Metropolitan Owners Club of North America Interior Judging Sheet

Page 1 of 3

Owner: _____
Year: _____
Date: _____

Item	YES	NO			
1. Dash					
Dashboard _____	<input type="checkbox"/>	<input type="checkbox"/>			
Dashboard Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield Frame Inside Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield Molding, Fasteners _____	<input type="checkbox"/>	<input type="checkbox"/>			
Glove Box Door, Lock _____	<input type="checkbox"/>	<input type="checkbox"/>			
Glove Box Cardboard Liner _____	<input type="checkbox"/>	<input type="checkbox"/>			
Owners Manual _____	<input type="checkbox"/>	<input type="checkbox"/>			
Ash Tray, Springs _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear View mirror _____	<input type="checkbox"/>	<input type="checkbox"/>			
2. Upholstery					
Front Seat Cushion _____	<input type="checkbox"/>	<input type="checkbox"/>			
Front Seat backs _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Seat Cushion _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Seat Back, Lock, Latch _____	<input type="checkbox"/>	<input type="checkbox"/>			
Door Panels _____	<input type="checkbox"/>	<input type="checkbox"/>			
Kick Panels _____	<input type="checkbox"/>	<input type="checkbox"/>			
Rear Seat Trim _____	<input type="checkbox"/>	<input type="checkbox"/>			
Black Rubber Floor Mat _____	<input type="checkbox"/>	<input type="checkbox"/>			
Carpet (Period Correct) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Storm Strips _____	<input type="checkbox"/>	<input type="checkbox"/>			
Headliner (Hardtop Only) _____	<input type="checkbox"/>	<input type="checkbox"/>			
Sunvisors _____	<input type="checkbox"/>	<input type="checkbox"/>			
3. Instruments					
Speedometer, Dial, Needle, Gasket _____	<input type="checkbox"/>	<input type="checkbox"/>			
High Beam Indicator _____	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel gage _____	<input type="checkbox"/>	<input type="checkbox"/>			
Turn Signal Indicator _____	<input type="checkbox"/>	<input type="checkbox"/>			
Radio, Knobs, Pointer _____	<input type="checkbox"/>	<input type="checkbox"/>			
Radio Antenna _____	<input type="checkbox"/>	<input type="checkbox"/>			
Cigar lighter _____	<input type="checkbox"/>	<input type="checkbox"/>			
Added gages _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Deduction Subtotal Page 1 of 3</td> <td style="text-align: center; width: 50px; border: 1px solid black;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px; border: 1px solid black;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 1 of 3	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 1 of 3	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Interior Judging Sheet

Page 2 of 3

Owner: _____
Year: _____
Date: _____

Item	YES	NO			
4. Switches, Knobs					
Headlight Switch _____	<input type="checkbox"/>	<input type="checkbox"/>			
Pull To Start Knob _____	<input type="checkbox"/>	<input type="checkbox"/>			
Choke _____	<input type="checkbox"/>	<input type="checkbox"/>			
Heater _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wiper _____	<input type="checkbox"/>	<input type="checkbox"/>			
Turn Signal Switch _____	<input type="checkbox"/>	<input type="checkbox"/>			
Horn Button _____	<input type="checkbox"/>	<input type="checkbox"/>			
Gear Shift Lever and Knob _____	<input type="checkbox"/>	<input type="checkbox"/>			
Steering Wheel _____	<input type="checkbox"/>	<input type="checkbox"/>			
5. Handles					
Door Opening Handles _____	<input type="checkbox"/>	<input type="checkbox"/>			
Window Cranks _____	<input type="checkbox"/>	<input type="checkbox"/>			
Escutcheons _____	<input type="checkbox"/>	<input type="checkbox"/>			
Emergency Brake Handle and Knob _____	<input type="checkbox"/>	<input type="checkbox"/>			
6. Pedals					
Clutch Pedal _____	<input type="checkbox"/>	<input type="checkbox"/>			
Brake Pedal _____	<input type="checkbox"/>	<input type="checkbox"/>			
Gas Pedal _____	<input type="checkbox"/>	<input type="checkbox"/>			
7. Convertible Top					
Convertible Top and Window _____	<input type="checkbox"/>	<input type="checkbox"/>			
Snaps _____	<input type="checkbox"/>	<input type="checkbox"/>			
4-Philips Head Screws _____	<input type="checkbox"/>	<input type="checkbox"/>			
Top Irons _____	<input type="checkbox"/>	<input type="checkbox"/>			
Convertible Top Boot _____	<input type="checkbox"/>	<input type="checkbox"/>			
8. Trunk Area					
Interior of Trunk, Body Color _____	<input type="checkbox"/>	<input type="checkbox"/>			
Trunk Mat _____	<input type="checkbox"/>	<input type="checkbox"/>			
Wiring _____	<input type="checkbox"/>	<input type="checkbox"/>			
Jack and Handle _____	<input type="checkbox"/>	<input type="checkbox"/>			
Jack Instructions _____	<input type="checkbox"/>	<input type="checkbox"/>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Deduction Subtotal Page 2 of 3</td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> <td style="text-align: center; width: 50px;"><input type="checkbox"/></td> </tr> </table>			Deduction Subtotal Page 2 of 3	<input type="checkbox"/>	<input type="checkbox"/>
Deduction Subtotal Page 2 of 3	<input type="checkbox"/>	<input type="checkbox"/>			

Metropolitan Owners Club of North America
Interior Judging Sheet

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Owner: _____
Year: _____
Date: _____

Item	YES	NO
9. Door Jam Area		

Door Jam _____	<input type="checkbox"/>	<input type="checkbox"/>
Hinges _____	<input type="checkbox"/>	<input type="checkbox"/>
Strikers / Latches _____	<input type="checkbox"/>	<input type="checkbox"/>
Door Sill Plates _____	<input type="checkbox"/>	<input type="checkbox"/>
Aluminum Plates, Front, Rear _____	<input type="checkbox"/>	<input type="checkbox"/>

Deduction Subtotal Page 3 of 3	<input type="checkbox"/>	<input type="checkbox"/>
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	Sheet #1 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Sheet #2 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Sheet #3 Deduction	<input type="checkbox"/>	<input type="checkbox"/>
	Total	<input type="checkbox"/>	<input type="checkbox"/>
	Divide NO / 60 * 100	<input type="checkbox"/>	(max 15)
	Percentage	<input type="checkbox"/>	(75% max)

Judge:

Metropolitan Owners Club of North America
Judging Summary

Page 1 of 1

Owner: _____

Year: _____

Date: _____

Totals:

Chassis		
Engine		
Exterior		
Interior		

Judges Vote

Yes

No

Chief Judge: