

## ROLL OVER PROTECTION SYSTEM CERTIFICATE

(Please complete in BLOCK CAPITALS)

### MANUFACTURERS DETAILS

MANUFACTURER: **OMP Racing s.r.l.**

ADDRESS: Via E. Bazzano, 5  
16019 Ronco Scrivia (GE)  
ITALY

TEL. NO: 0039 010 9350571

FAX NO: 0039 010 935378

E-MAIL: omp.info@ompracing.it

### SYSTEM DETAILS

	Main rollbar	Longitudinal strut	Diagonal strut	Front rollbar
Material	25CrMo4	25CrMo4	25CrMo4	25CrMo4
External diameter	40 mm	35 mm	35 mm	40 mm
Wall thickness	2 mm	1.3 mm	1.3 mm	2 mm
Elastic limit	55.3 daN/mm <sup>2</sup>	52.4 daN/mm <sup>2</sup>	52.4 daN/mm <sup>2</sup>	55.3 daN/mm <sup>2</sup>
Tensile strength	73.6 daN/mm <sup>2</sup>	89.4 daN/mm <sup>2</sup>	89.4 daN/mm <sup>2</sup>	73.6 daN/mm <sup>2</sup>

### CAR/S FOR WHICH ROPS IS DESIGNED

MAKE: **MITSUBISHI**

FIA HOMOLOGATION NO(s): **N/A**

MODEL(s): **LANCER 2.0 EVO7**

CAR WEIGHT: **1320** (kg)

**THIS CERTIFICATE BECOMES INVALID IF THE STRUCTURE IS MODIFIED IN ANY WAY FROM THE DESIGN SHOWN HEREIN**

**THIS CERTIFICATE IS ONLY VALID IF FULLY COMPLETED, APPROVED BY THE MSA AND PRINTED ON MSA SECURITY PAPER**

**DECLARATION BY DESIGNER for ROPS not complying with FIA/MSA basic designs**

I declare that the roll over protection system described herein has been \*:  
(a) tested under my personal supervision  
(b) shown by stress calculations, or  
(c) shown by stress calculations carried out under my personal supervision  
to meet the strength requirements specified in current FIA/MSA regulations. In addition I declare that all details of the ROPS design including joints, mountings and attachments are in conformity with these regulations. (\*Delete as appropriate)

DATE: ..... SIGNATURE: ..... NAME: .....

PROFESSIONAL QUALIFICATIONS: .....  
Acceptable signatories must be Corporate Members of the Royal Aeronautical Society, Institution of Civil, Mechanical or Structure Engineers, or their equivalent, or FIA accredited laboratory.

**DECLARATION BY MANUFACTURER.**

I certify that the ROPS described herein complies with FIA/MSA criteria, in particular with regard to its mountings, joints, connections and stress resistances.

DATE: 16/04/03      SIGNATURE: .....      NAME: .....

STATUS: Technical Section .....

**O.M.P. RACING s.r.l.**  
Via E. Bazzano, n. 5  
16019 RONCO SCRIVIA (Genova)  
Partita I.V.A.: 0 2 2 6 4 7 6 0 1 0 5

**MSA REGISTRATION**

The MSA accepts that this document has been completed in accordance with the prevailing regulations.

MSA Technical Commission

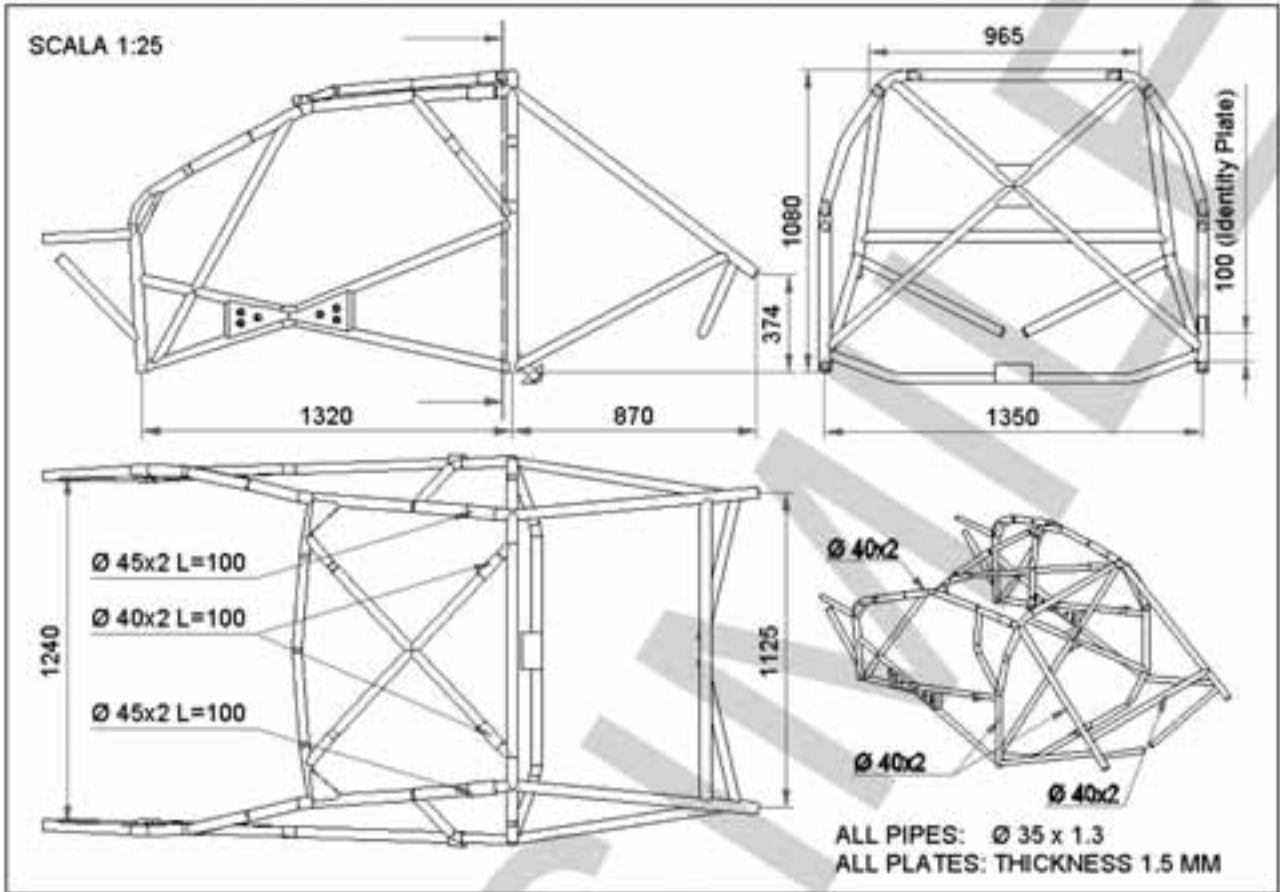
MSA Stamp

Signature:

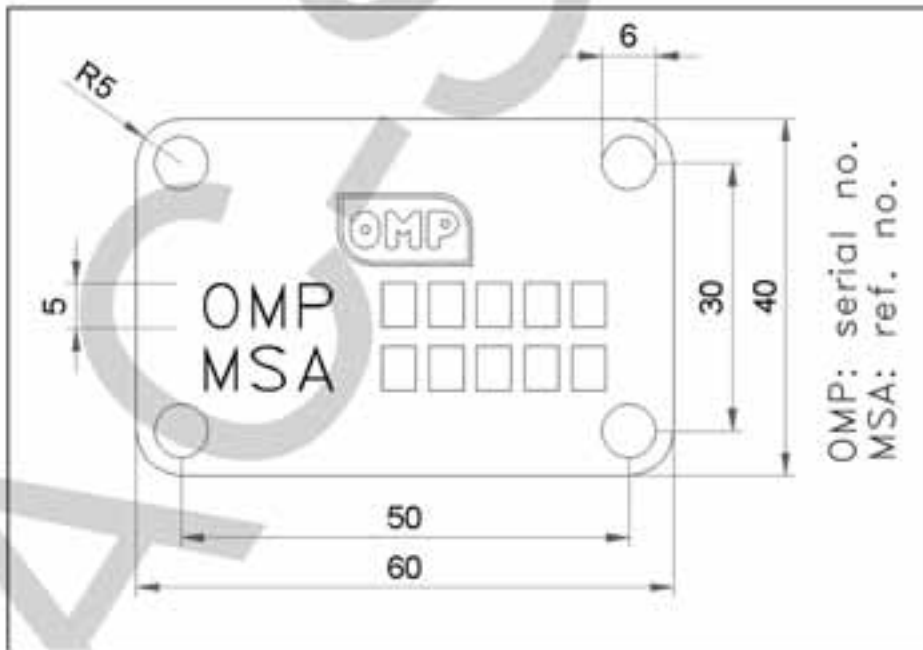
Signature:

**NOTES:**

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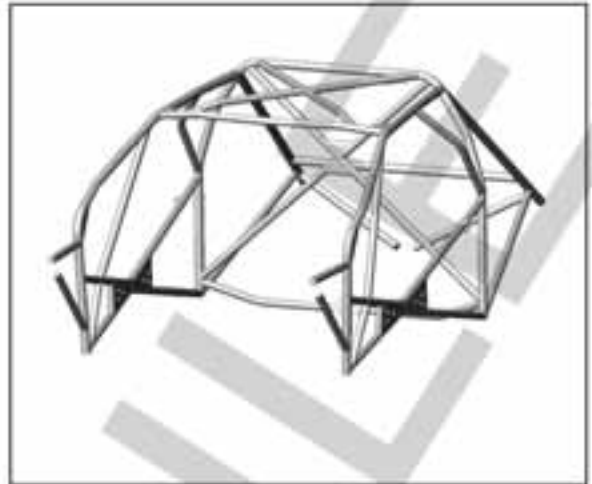


**DRAWING OF ROLL OVER PROTECTION SYSTEM**



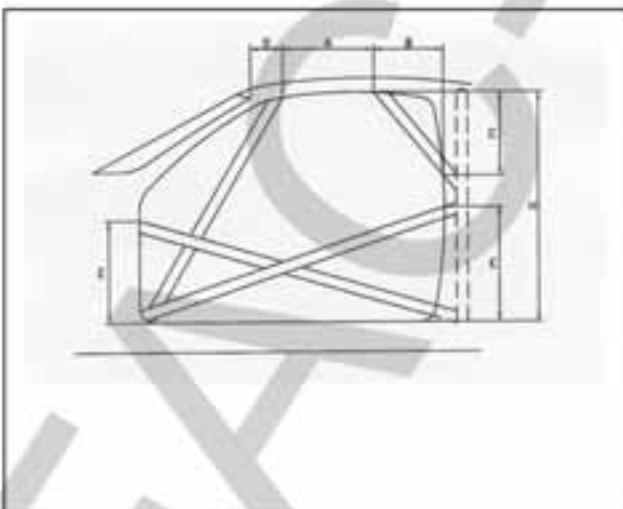
**PHOTOGRAPH OR DRAWING OF IDENTITY PLATE**

MSA REF. NO:



MSA REF. NO:

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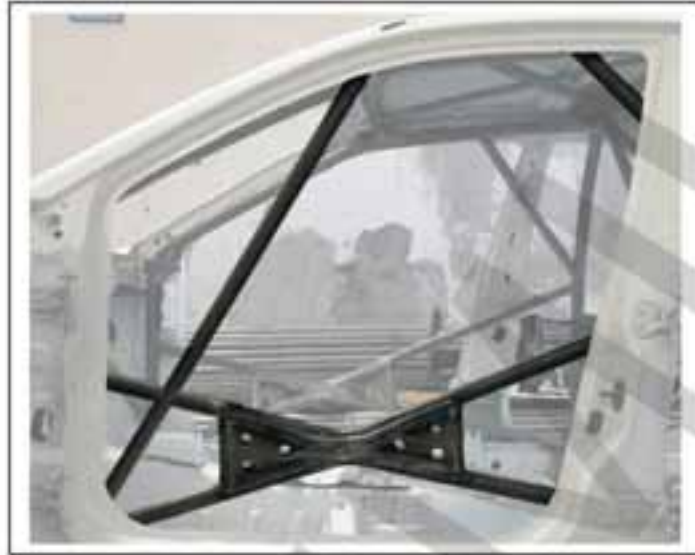
**Door Aperture Reinforcements-  
Dimensions.**

Dimension (Please insert where applicable)

- |     |     |                    |
|-----|-----|--------------------|
| A = | 425 | (min 300mm)        |
| B = | 120 | (max 250mm)        |
| C = | 140 | (max 300mm)        |
| D = |     | (max 100mm)        |
| E = | 380 | (max 1/2 height H) |

**Additional Information Page**

Reason for Amendment: Appendix J drawing 253-17 D



H = 930

Date:

MSA Signature & Stamp:



**Addendum page for ROPS supplied in kit form**

**A. Certificate by kit supplier**

I/we certify that the kit supplied by:

**OMP Racing s.r.l.** ..... (company name) is:

- ~~a. Designed to meet FIA/MSA requirements, or~~
- b. Designed to meet the specification of the customer who accepts responsibility for compliance with FIA/MSA requirements.  
(delete as appropriate)

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 16019 RONCO SCRIVIA (Genova)  
 Partita I.V.A.: 0 2 2 6 4 7 6 0 1 0 5

Signature: ..... Name:

Address: Via E. Bazzano ,5 16019 Ronco Scrivia (GE) Italy

Tel No: 0039 010 9350571 .. Fax No: 0039 010 935378...

E-mail: omp.info@ompracing.it

**B. Certificate by Installer**

I/we certify that we have read the requirements of the FIA/MSA in regard of ROPS installation requirements and that the supplied kit will be installed in accordance with these regulations and any other instructions provided by the kit manufacturer.

Company name: .....

Signature: ..... Name: .....

Address: .....

Tel No: ..... Fax No: .....

E-mail: .....