



FICHE DE PRESENTATION DES CASQUES PREMIUM (NORME FIA 8859-2015)
PRESENTATION FORM FOR PREMIUM HELMETS (FIA STANDARD 8859-2015)

1. GENERALITES / GENERAL

101. CONSTRUCTEUR / MANUFACTURER

ROUX HELMETS.SRL

- a) Adresse / Address ISABEL LA CATOLICA # 301,SANTO DOMINGO,DOMINICAN REPUBLIC
- b) Téléphone / Phone 1-809-982-4055
- c) E-mail / E-mail jclerouxm@gmail.com

102. DATE DE LA FICHE DE PRESENTATION / PRESENTATION FORM DATE

Date / Date 16.06.2016

103. PHOTO DU CASQUE / PICTURE OF THE HELMET



104. MODELE ET VERSIONS / MODEL AND VERSIONS

- a) Modèle / Model R-1CF
- b) Type de casque / Type of helmet Intégral / Full-face
- c) Versions disponibles / Available versions

Nom / Name R-1CF

Nom / Name

Nom / Name

Description / Description ROUX R-1CF

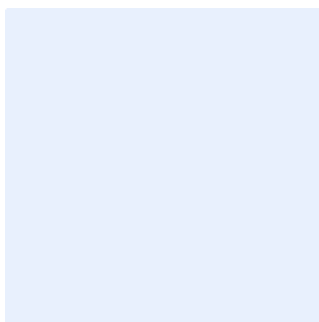
Description / Description

Description / Description

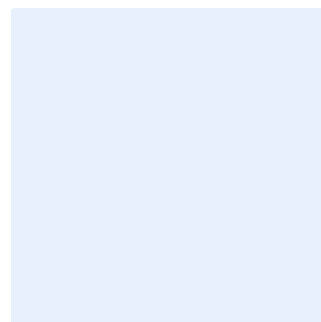
A1)



B1)



C1)



105. TAILLES DISPONIBLES / SIZES AVAILABLE

Tailles / Sizes **MEDIUM,LARGE,X-LARGE**

2. DETAILS DU CASQUE / DETAILS OF THE HELMET

201. VUES / VIEWS

D1) Vue de face / Front view



D2) Vue du Côté Droite / Right Side view



D3) Vue de haut / Top view



202. NOMBRE ET POSITION DES TROUS DE VENTILATION / NUMBER AND POSITION OF VENTILATION HOLES

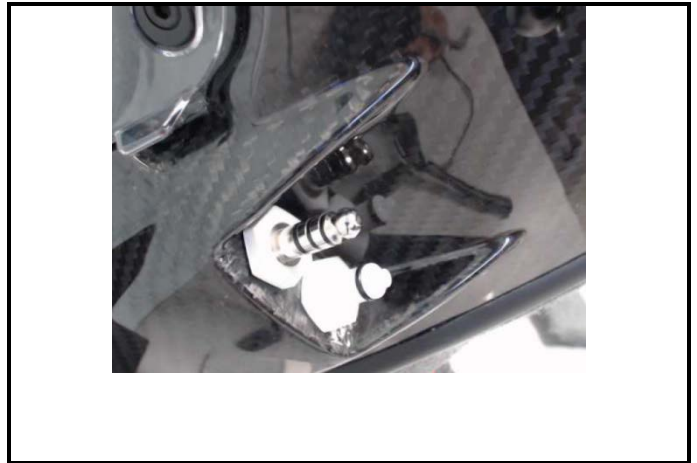
	Menton Chin		Top Top		Trous pour boire Drinking hole
Nombre de trous Number of holes	3	Nombre de trous Number of holes	2	Inclus Included	Oui/Yes

3. ACCESSOIRES DISPONIBLES / AVAILABEL ACCESSORIES

E1) Top air vent



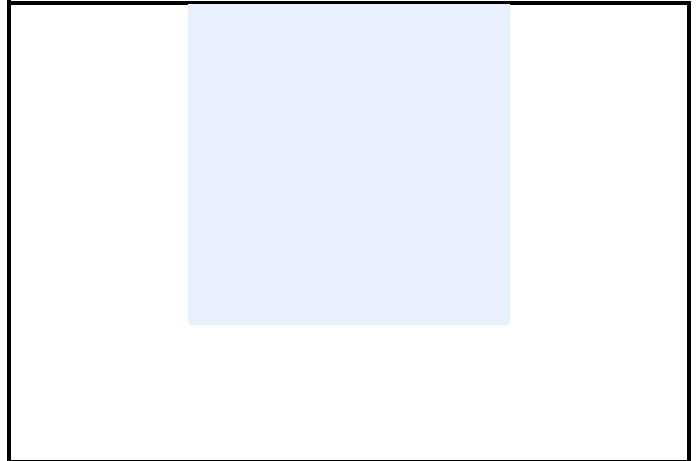
E2) drink bottle hole



E3) Intercom System



E4)



E5)



E6)



Marque
Make

ROUX HELMETS

Modèle
Model

R-1CF

Homologation N°

PH.032.16-C

INFORMATIONS COMPLEMENTAIRES / COMPLEMENTARY INFORMATION

