



# FEDERATION INTERNATIONALE DE L'AUTOMOBILE

Homologation N°

**PH.035.16-C**

## 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

**ORECA STORE** or ORECA

- a) Adresse / Address **PARC ACTIVITES DE SIGNES, AVENUE DE ROME, 83870 SIGNES, FRANCE**
- b) Téléphone / Phone **0033494885802**
- c) E-mail / E-mail **lcourdon@oreca.fr**

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

Date / Date **25.01.2017**

#### 103. PHOTO DU CASQUE / PICTURE OF THE HELMET



#### 104. MODELE ET VERSIONS / MODEL AND VERSIONS

- a) Modèle / Model **FULL RS**
- b) Type de casque / Type of helmet **Intégral / Full-face**
- c) Versions disponibles / Available versions

Nom / Name **FORMULA**

Nom / Name **GT**

Nom / Name

Description / Description **FULL VISOR HELMET**

Description / Description **HELMET WITH PEAK**

Description / Description

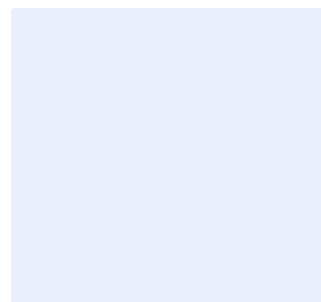
A1)



B1)



C1)



Marque  
Make **ORECA-STORE  
ORECA**

Modèle  
Model **Full-RS**

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**105. TAILLES DISPONIBLES / SIZES AVAILABLE**

Tailles / Sizes

S (55-56), M (57-58), L (59), XL (60-61)

**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	2	Nombre de trous Number of holes	0	Inclus Included	Oui/Yes

**3. ACCESSOIRES DISPONIBLES / AVAILABEL ACCESSORIES**

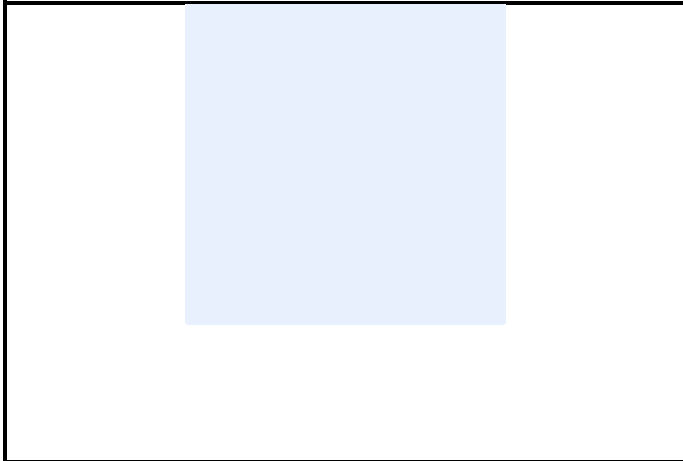
E1) Radio Connection (microphone with boom) (example)



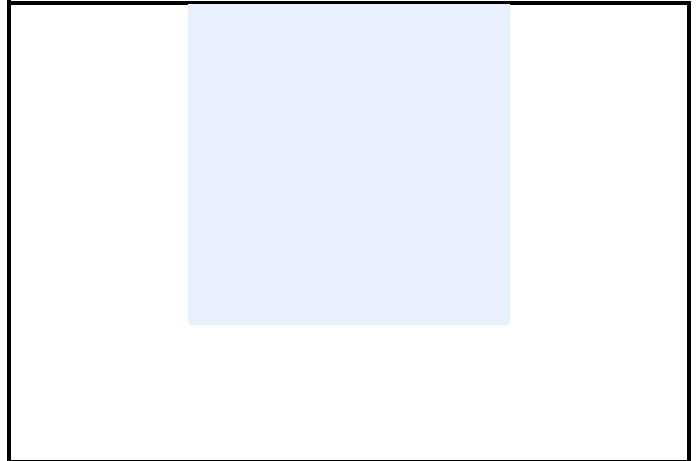
E2) Adjustable Peak



E3) Chin flap



E4)



E5)



E6)



Marque  
Make

**ORECA-STORE**  
**ORECA**

Modèle  
Model

**Full-RS**

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**INFORMATIONS COMPLEMENTAIRES / COMPLEMENTARY INFORMATION**

The name of the manufacturer can appear as ORECA-STORE or as ORECA

