

Fill in this form to apply for, or renew, a Motorsport UK Competition Licence.

You should read and understand the 'What you need to know about your motorsport' booklet before filling in this form.

**If you have any questions, or need help filling in this form, please call Membership Services on 01753 765050.**

All calls to and from Motorsport UK are recorded for training and monitoring purposes.

**EXPRESS HANDLING**

For a 3-day response, please tick this box and enclose an extra £63

For a 3-hour response, please tick this box and enclose an extra £112

## SECTION 1 - Your details

Please write clearly in **BLOCK CAPITALS**

Surname:

First name(s):

Gender: Male:  Female:  Date of birth:  /  /

Address:

Postcode:

Telephone: (Day):  (Mob):

Email address:

Nationality:  Previous Licence No.:

(As shown on your passport). If you do not hold a British Passport or if you have dual Nationality you must enclose utility bill showing name & UK address.

Nationality of any other Competition Licence you hold:

**Your photo**  
PLEASE **FIRMLY**  
**ATTACH** A  
PHOTOGRAPH HERE  
(IF NOT PREVIOUSLY  
SUPPLIED) AND  
PRINT YOUR **FULL**  
**NAME AND DATE**  
**OF BIRTH** ON  
ITS REVERSE.

## SECTION 2 - Your medical self declaration

Your doctor's name:

Address:

Postcode:  Telephone number:

**All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you.**

	YES	NO
1. Have you been prescribed or are you taking any of the substances shown on the World Anti-Doping Agency prohibited list? (see H39 or www.wada-ama.org)	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any congenital abnormality of any limbs, amputation, or any other disability?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any surgical procedures within the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been refused life assurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any disease or disorder of the eye other than needing glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you wear corrective lenses (contact lenses or glasses) for driving, including for competition?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been diagnosed with heart disease or a heart disorder?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been diagnosed with high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever experienced severe giddiness, fainting spells or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been diagnosed with epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been diagnosed with seizures or any other neurological conditions?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had any degree of head injury, concussion or unconsciousness as a result of trauma to your head?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been diagnosed with a psychiatric illness, mental disorder including treatment for depression, or any neurodevelopmental condition including ADHD or ASD (Autism Spectrum Disorder)?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you aware of, have been diagnosed with or are being treated for any other conditions which may affect your ability to drive?	<input type="checkbox"/>	<input type="checkbox"/>

List the **date and details** of any medical issues or surgical procedures declared above. Also list the **name of any medication/treatment** you received or are receiving:

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.....

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.....

.....

.....

## SECTION 2 (continued) - Do you need a medical?

### Applicants applying for International Licences:

Your previous medical date is valid for 12 months and can be used to apply for a renewal, providing that your application is received and processed before the 12-month validity period expires. The expiry of the 12-month validity period must be beyond the 1st January 2019.

When upgrading from National to International level, the licence must be processed within 3 months of a medical examination being completed.

All medical examinations for International licences must be performed within the UK, or must be performed by a doctor registered to practice in the UK.

### Applicants aged 45 and over applying for National Race, Truck or Long Circuit Kart Licences:

Your previous medical date is valid for 12 months and can be used to apply for a renewal, providing that your application is received and processed before the 12-month validity period expires. The expiry of the 12-month validity period must be beyond the 1st January 2019.

### Applicants applying for National Race, Truck or Long Circuit Kart Licences aged 18 to 44 who HAVE provided a medical report before:

You are not required to submit a new medical report from your doctor. Continue to Section 4.

### Applicants applying for National Race, Truck or Long Circuit Kart Licences aged 18 and over who have NEVER provided a medical report before:

You must have a medical examination and ask your doctor to complete Section 3 below.

## SECTION 3 - Your doctor's medical report on you

To your doctor – **Please read regulations 10.1.1 to 12.1.8 of the enclosed 'What you need to know about your motorsport' booklet before carefully filling in this section for your patient, ensuring that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.**

### 1. UK Registered doctor's name, qualifications and GMC No.:

#### 1a. Doctor's practice stamp:

#### 1b. Applicant's FULL name:

Date of birth:  /  /

Height:  (cm)

Weight:  (kg)

Blood pressure:  /

### 2. Are you the applicant's usual doctor?

Yes  No

### 3. Is the 12 lead resting ECG normal? (Only to be completed if aged UNDER 45 and applying for an International Licence)

N/A  Yes  No

When was the 12 lead resting ECG performed? (Note that a resting ECG is valid for a period of 24 months)

/  /

If the applicant is 45 or over and applying for an International Licence, we need a written report on a stress-related ECG (see H11)

**The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in the doctor's comments box.**

### 4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below.

Yes  No

### 5. Is there any evidence of a physical or mental condition in the applicant's medical history? If 'Yes', give details below.

Yes  No

### 6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? If 'Yes', give details below.

Yes  No

### 7. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If 'Yes', give details below.

Yes  No

### 8. Were any abnormalities found in the urine analysis? If 'Yes', give details below.

Yes  No

### 9. Vision – To be recorded in metric Snellen acuity:

#### a. Uncorrected (without corrective lenses)

R eye  /  L eye  /

#### b. Corrected (wearing corrective lenses if necessary)

R eye  /  L eye  /

#### c. Vision with both eyes open (wearing corrective lenses if necessary). See H10.1.10(a)

/

#### d. Are corrective lenses (glasses or contact lenses) required for driving?

Yes  No

#### e. Is there any ocular history that suggests the possibility of visual field loss? If 'Yes', give details below.

Yes  No

#### f. Were there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below. See H10.1.10(f)

Yes  No

**If you have ticked 'YES' to any of the questions above, please provide further details in the box below.**

**Doctor's comments:**

.....

.....

.....

### 10. Please check your answers – Note that ANY unanswered questions will require further information to be submitted by you.

Sign below to certify that you have examined the applicant in line with this form and the enclosed 'What you need to know about your motorsport' booklet.

#### Your (doctor's) signature:

#### Date of medical examination:

/  /

**Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination. If your 2019 licence application is not submitted and processed within 3 months of the above date, the medical examination must be revalidated by the examining doctor before your licence(s) can be issued.**

**SECTION 4a - Please tell us about your motorsport interests and participation. (Completion of this section is mandatory.)**

1. Did you compete during 2018? Yes  No

If 'Yes', please detail the number of events you competed in next to each discipline below. If 'No', proceed to question 2 below.

Autocross  Autotest  Circuit Racing  Cross Country  Drag Racing  Hill Climb   
 Karting  Rallycross  Rallying  Sprint  Trials  Other

2. Were you a member of a Club in 2018? Yes  No

If 'Yes', which Club(s)?

**SECTION 4b - The Licence(s) you need**

Tick the appropriate boxes to show the licence(s) you are applying for. Licences run from 1st January to 31st December of the year shown on the licence. If you are applying for more than one licence using this application form, you must pay the full fee of the most expensive licence, and then pay 50% of the fee for each additional licence. Note that the 50% discount for additional licence grades is only applicable when applying for both licence grades at the same time.

**Step 1**

Licence category	✓	Fee	Amount £
<b>Race (Section 3 may need to be filled in, see H10.1.1)</b>			
Race International A	<input type="checkbox"/>	LAA £1,158	
<i>(If you are renewing, enclose proof that you have competed in at least one International Race in 2018)</i>			
Race International B	<input type="checkbox"/>	LAB £417	
<i>(If you are renewing, enclose proof that you have competed in at least one International Race in 2018)</i>			
Race International C	<input type="checkbox"/>	LAC £214	
Race International Truck C	<input type="checkbox"/>	LAL £214	
Race National Truck	<input type="checkbox"/>	LAM £101	
Race International D	<input type="checkbox"/>	LAH £214	
Race National A	<input type="checkbox"/>	LAP £101	
Race National B (UK Only)	<input type="checkbox"/>	LAQ £64	
Race National B (Junior Race Championship Only)*	<input type="checkbox"/>	LARJ £64	
<b>Kart (Section 3 may need to be filled in, see H10.1.1)</b>			
Kart International A	<input type="checkbox"/>	LKA £214	
<i>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2018)</i>			
Kart International B	<input type="checkbox"/>	LKB £185	
<i>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2018)</i>			
Kart International C Senior	<input type="checkbox"/>	LKG £130	
Kart International C Restricted	<input type="checkbox"/>	LKGR £130	
Kart International C Junior	<input type="checkbox"/>	LKGJ £130	
Kart National A	<input type="checkbox"/>	LKC £59	
Kart National B (UK Only)	<input type="checkbox"/>	LKD £38	
Kart National B (Novice UK Only)	<input type="checkbox"/>	LKN £38	
<b>Are you going to be competing in Long Circuit Kart events?</b> (If yes, Section 3 may need to be filled in, see H10.1.1) Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Kart Clubman</b>			
Kart Clubman (UK Only)	<input type="checkbox"/>	LKE £38	
Kart Clubman (Bambino)	<input type="checkbox"/>	LKEB £38	
<b>Free of Charge Licences (Under 16 first time applicants ONLY)</b>			
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEAF Free of Charge	
Non-Race Clubman (UK Only)	<input type="checkbox"/>	LFAP Free of Charge	

Licence category	✓	Fee	Amount £
Kart Clubman (UK Only)	<input type="checkbox"/>	LKEF Free of Charge	
Kart Clubman (Bambino)	<input type="checkbox"/>	LKEE Free of Charge	
<b>Speed</b>			
Speed International R	<input type="checkbox"/>	LBA £214	
Speed National A (Open)	<input type="checkbox"/>	LBC £101	
Speed National A	<input type="checkbox"/>	LBB £96	
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEA £46	
<b>Drag</b>			
Drag International (Class 1)	<input type="checkbox"/>	LBK £214	
Drag National A	<input type="checkbox"/>	LBL £101	
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEA £46	
<b>Rallycross</b>			
Off Road International C	<input type="checkbox"/>	LBO £214	
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEA £46	
<b>Cross Country</b>			
Cross Country International R	<input type="checkbox"/>	LOA £214	
Cross Country National A	<input type="checkbox"/>	LOB £101	
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEA £46	
Non-Race Clubman (UK Only)	<input type="checkbox"/>	LFA £29	
<b>Rally</b>			
Rally International R	<input type="checkbox"/>	LCA £221	
Rally International H (Valid International Historic Rally Only)	<input type="checkbox"/>	LCH £221	
Rally National A Stage	<input type="checkbox"/>	LCK £105	
Rally National A Navigator	<input type="checkbox"/>	LCN £64	
Rally National B Stage (UK Only)	<input type="checkbox"/>	LCR £64	
Rally National B Stage (Junior Rally Championship Only)**	<input type="checkbox"/>	LCRJ £64	
Non-Race National B (UK Only)***	<input type="checkbox"/>	LEA £46	
Non-Race Clubman (UK Only)	<input type="checkbox"/>	LFA £29	
<b>Step 1 total =</b>			

\* For Junior Race Championship drivers ONLY \*\* For Junior Rally Championship drivers ONLY \*\*\* Non-Race National 'B' can not be used as a driver on Stage Rallies

**Step 2**

Note that you MUST allow 15 working days for the processing of your licence(s). If you require your licence(s) urgently, or require a licence confirmation document, then you must express your application using either the 3-day or 3-hour Express Handling options below.

Options and totals	✓	Fee	Amount £
Express Handling (3 day)	<input type="checkbox"/>	SAA £63	
Express Handling (3 hours)	<input type="checkbox"/>	SAA3 £112	
Professional Status Certificate	<input type="checkbox"/>	SAA1 £62	

Options and totals	✓	Fee	Amount £
European Postage (Post to UK is Free of Charge)	<input type="checkbox"/>	SSE £12	
Rest of the World Postage	<input type="checkbox"/>	SSW £29	
Foreign ASN Authorisation Fee	<input type="checkbox"/>	SSA £47	
<b>Step 2 total (if any) =</b>			
<b>+ Step 1 total =</b>			
<b>TOTAL FEE =</b>			

**YOUR PAYMENT**

I am paying by:

a cheque made payable to 'Motorsport UK'

a postal order made payable to 'Motorsport UK'

a credit or debit card, and I have completed the section below

**CARD DETAILS** (Visa Electron and American Express cards not accepted)

Type of card: VISA  MASTERCARD

Amount to be paid: £

Expiry date:  /  /

Card number:

Name on card: .....

Cardholder's address: .....

Cardholder's signature: .....

Daytime phone number: .....

Please turn over and sign and date the declaration in Section 5

## SECTION 5 - Declaration, signature and emergency contact details

Please read the following statements and sign below, to confirm your understanding and acceptance.

- I understand and will comply with the 'What you need to know about your motorsport' booklet enclosed with this application form.
- I confirm that the information given on this application form and any supporting documentation is true and complete. I have taken full responsibility for completing the form and have not delegated any part of my responsibilities to any other person. If I provide false information I understand that I may face financial penalties and the Motorsport UK may take disciplinary action against me, which may lead to my licence being permanently withdrawn.
- I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that if I do so, Motorsport UK may take disciplinary action against me (see H6).
- I undertake to make no use of drugs or of prohibited methods such as are defined in The Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping regulations of the FIA (see H39 or www.wada-ama.org).
- I will not take part in any practice or competition while under the influence of drugs or alcohol.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct.
- I agree to Motorsport UK's Medical Consultant obtaining medical reports (if required) from any doctor who has ever seen me about anything which affects my physical or mental health. See H9.2 as it sets out your rights and the procedures for dealing with medical reports.
- I understand that if any medical conditions arise during the validity of my licence, including (but not limited to) accidents at motorsport events, I must inform Motorsport UK's Medical Administrator prior to competing in any further motorsport events.
- I understand Motorsport UK needs to collect and process the personal information about me which is contained in this application in order to issue my licence and to perform its obligations under the General Regulations. I also understand Motorsport UK would like to use such information for other purposes, as specified in its current Data Protection Policy but, before doing so, Motorsport UK will seek my consent in accordance with the Data Protection Policy, a copy of which can be found at www.motorsportuk.org/data-protection. A hard copy is available on request.
- If applying for professional status, I confirm that for the last tax year prior to this application I declared earnings as a competitor in motorsport to Her Majesty's Revenue & Customs and I request that Motorsport UK endorses my licence with the EU flag, in accordance with H26.2.
- A competitor shall not have time off school to participate in motorsport without the prior written approval of their school (see H7.1).
- I understand that any Competition Licence issued will remain the property of Motorsport UK which reserves the right to withdraw or suspend it at any time. The reason(s) for any withdrawal or suspension shall be stated (see H3.1.2).

All applicants must complete Part 1 below. If the applicant is aged 17 or under, their parent/guardian must also complete Part 2 below:

**Part 1 - Applicant's signature:**

**Date:**

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Emergency contact name (use BLOCK CAPITALS):**

**Emergency contact telephone number:**

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**Emergency contact email address:**

Do they live at the same address as you? Yes  No

**Part 2 - Parent or Guardian's signature (if under 18):**

**Date:**

D	D	/	M	M	/	Y	Y	Y	Y
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**Parent or Guardian's name (use BLOCK CAPITALS):**

**Parent or Guardian's relationship to Applicant:**

## SECTION 6 - Checklist

To avoid any unnecessary delays in issuing your Competition Licence (which may result in your application being returned), please use the below checklist to ensure you have completed the application form correctly.

- I have entered any changes to my personal information in Section 1.
- I have completed Section 2 (this MUST be completed regardless of age whether a doctor's medical is required or not).
- My doctor has completed Section 3 (if applicable, see "Section 2 (continued) - Do you need a medical?")
- My doctor has provided any additional medical information I need and this is attached.
- I have completed Section 4a detailing my Motorsport interests and participation.
- I understand that I must allow 15 working days for the processing of my licence. If I require my licence urgently then I understand I must prioritise my application using an Express Handling service in Section 4 (Step 2).
- I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 4.
- I have signed and dated the declaration below. My parent/guardian has also countersigned if I am under 18.
- I have attached a photograph with my name and date of birth on the reverse.
- If I am **not** a British Passport holder, I have requested authorisation from my home ASN prior to submitting my application, **OR** I have enclosed a utility bill showing my name and UK address and have paid the £47.00 Foreign ASN Authorisation Fee in Section 4 (Step 2) and I would like Motorsport UK to request the authorisation on my behalf.

	Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>		Yes	<input type="checkbox"/>
Yes		<input type="checkbox"/>	N/A		<input type="checkbox"/>	Yes		<input type="checkbox"/>
Yes		<input type="checkbox"/>	N/A		<input type="checkbox"/>	Yes		<input type="checkbox"/>
						Yes		<input type="checkbox"/>
						Yes		<input type="checkbox"/>
Yes		<input type="checkbox"/>	N/A		<input type="checkbox"/>	Yes		<input type="checkbox"/>
Yes		<input type="checkbox"/>	N/A		<input type="checkbox"/>	Yes		<input type="checkbox"/>

## SECTION 7 - Communication preferences

In the event of an accident, Motorsport UK may share your information with the FIA Motor Sport World Accident Database. To opt-in please tick here.

If you would like to receive information from carefully selected organisations and partners other than Motorsport UK and its member clubs, via postal or electronic means please tick here.

Now please return this form, your payment, and any additional information you have to provide to: Motorsport UK, Motorsport UK House, Riverside Park, Colnbrook SL3 0HG. Registered in England. Registered number 1344829.