2021 Application for Motorsport UK Competition Licence

Get to the heart of the action quicker by having the following to hand:

- A 'passport style' image
- Your medical/vision test (if required - see section 4)
- Payment details

Read the 'What you need to know about your motorsport licence' booklet (available in the Resource Centre of www.motorsportuk.org) before filling in this form.

Any questions?

We are happy to help, call us on 01753 765050



Need your licence in a hurry?

3-hour processing, enclose an extra £115

3-day processing, enclose an extra £65

Did you know you may be able to apply for your licence online?

SOME OF OUR LICENCE HOLDER BENEFITS (Login to your member benefits portal online for more details)

halfords

10% off in-store



Up to 10% off the fu range of Wera tools



Up to £120 cash back on road tyres

SECTION 1A YOUR DETAILS (Please write clearly	IN DIOCK CADIFAIST	
urname		
First name(s)		_
Gender Male Female	Date of birth DD / MM / YYYY	PLEASE ATTACH A PHOTOGRAPH HERE IF YOU
Address		HAVE NEVER SUPPLIED ONE TO US BEFORE, OR
		IF THERE HAS BEEN A
	Postcode	— MATERIAL CHANGE TO YOUR APPEARANCE (WRITI
	Mobile	YOUR NAME AND DATE OF
Email address		_
	Previous licence nu	mber
Non-British passport holders MUST enclose proof of residency in the UK e.g. a utility bill or b		
lationality and type of any other Competition Licence y	ou hold	
Full name		
Phone number	Email address	
If your parent, legal guardian or emergency contact li	ves at a different address to you please provide below	
If your parent, legal guardian or emergency contact li	ves at a different address to you please provide below	
If your parent, legal guardian or emergency contact li	ves at a different address to you please provide below	
If your parent, legal guardian or emergency contact li SECTION 1C HOW DID YOU USE YOUR LICE!		
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SECTION 1C HOW DID YOU USE YOUR LICE! Did you compete during 2020? YES I	NCE?	below.
SECTION 1C HOW DID YOU USE YOUR LICE! Did you compete during 2020? YES If 'Yes', please write the number of events you competed	NCE? NO in next to each discipline below. If 'No', proceed to the next question	below.
SECTION 1C HOW DID YOU USE YOUR LICE! Did you compete during 2020? If 'Yes', please write the number of events you competed Autocross Cross Country	NCE? NO in next to each discipline below. If 'No', proceed to the next question	below.
SECTION 1C HOW DID YOU USE YOUR LICE! Did you compete during 2020? YES I f 'Yes', please write the number of events you competed Autocross Cross Country	NCE? NO in next to each discipline below. If 'No', proceed to the next question Karting Sprint	below.

If 'Yes', please write the number of clubs you were a member of

SECTION 2A | 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 and does not apply to Entrant PG licences.

INTERNATIONAL LICENCES

Race	✓	Fee
Race International A* (If you are renewing, enclose proof that you have competed in at least one International Race in 2020)		£1,193
Race International B* (If you are renewing, enclose proof that you have competed in at least one International Race in 2020)		£430
Race International C*		£220
Race International Truck C*		£220
Race International D*		£220

^{*} May require a medical or vision test, refer to section 4.

If you are under 18 and competing in UK National events, your parent/legal guardian must complete section 2B.

Kart	/	Fee
Kart International A** (If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2020)		£220
Kart International B** (If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2020)		£191
Kart International C Senior**		£134
Kart International C Restricted**		£134
Kart International C Junior**		£134

Rally and Speed	~	Fee
Speed International R*		£220
Drag International (Class 1)*		£220
Off Road International C*		£220
Cross Country International R*		£220
Rally International R*		£228
Rally International H* (Valid International Historic Rally Only)		£228

NATIONAL LICENCES

Race	~	Fee
Race National*		£155
Race National Truck*		£155
Race Club* Formerly Race Inter Club (UK Only)		£99
Race Club* Formerly Race Inter Club Junior Championship (UK Only)		£99

- * May require a medical or vision test, refer to section 4.
- * Under 18s will require an Entrant PG licence issued to their parent or legal guardian, complete section 2B.

Please allow 15 working days for the processing of your licence(s). Need your licence in a hurry? Opt in for 3-day or 3-hour turnaround.

Kart If you are under 18 your parent or legal guardian must complete section 28.	/	Fee
Kart National*^		£89
Kart Inter Club (UK Only)*^		£59
Kart Clubman (UK Only)^		£45
Kart Clubman Bambino (UK Only)^		£45
Are you going to be competing in Long Circuit Kart events? (If yes, Section 4 may need to be filled in, see H10.1.1)	YE:	

Options and totals	1	Fee
Express Handling (3-hour)		£115
Express Handling (3-day)		£65

Rally and Speed If your are under 18 and competing in Drag racing your parent or legal guardian must complete section 2B.	~	Fee
RS National - Stage Rally		£155
RS National - Navigator		£99
RS National - Drag^		£149
RS National		£149
RS Inter Club - Stage Rally (UK Only)		£99
RS Inter Club - Stage Rally Junior (UK Only)		£99
RS Inter Club (UK Only)		£69

Options and totals	/	Fee
European Postage (Post to UK is free of charge)		£12
Rest of the World Postage		£29
Foreign ASN Authorisation Fee		£48

SECTION 2B | ENTRANT PG LICENCE DETAILS (For parent/legal guardian of under 18 Drag & Kart competitors only)

Entrant PG	✓	Fee			
		£25			
Parent's surname			Previous PG Licence No. (if known)		PARENT/LEGAL
Parent's first name(s)					GUARDIAN PHOTO
Address					PLEASE ATTACH A
					PHOTOGRAPH HERE IF YOU
					HAVE NEVER SUPPLIED
			Postcodo		ONE TO US BEFORE, OR
			Postcode		IF THERE HAS BEEN A
Phone number			Mobile		MATERIAL CHANGE TO
					YOUR APPEARANCE (WRITE
Email address					YOUR NAME AND DATE OF
					BIRTH ON ITS REVERSE).
If you have more than one	child applying	for a lice	nce, please list their details below.	L	
Child 1				Date of birth	DD / MM / YYYY
Child 2				Date of birth	DD / MM / YYYY

SOME OF OUR LICENCE HOLDER BENEFITS (Login to your member benefits portal online for more details)



Child 3 _



Date of birth

DD / MM / YYYY

SECTION 3 | YOUR MEDICAL SELF-DECLARATION

(MANDATORY FOR ALL APPLICANTS. 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. In all cases if you answer YES please list and explain. Please see points 2 and 10 in the declaration (section 6).	YES NO
1.	Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	
2.	Do you take, or have you recently taken any of the substances on the World Anti-Doping Agency prohibited list? (see H38 or www.wada-ama.org)	
3.	Have you ever had a history of drug or alcohol abuse?	
4.	Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an epipen, or similar device?	
5.	Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	
6.	Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness?	
7.	Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	
8.	Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	
9.	Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)?	
10.	Have you ever been diagnosed with heart disease, or any heart disorder, including any arrythmia, angina, or high blood pressure (hypertension)?	
11.	Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason?	
12.	Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.?	
13.	Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	
14.	Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	
15.	Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers?	
16.	Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving?	
17.	Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?	
18.	Are you profoundly deaf and unable to hear?	
19.	Have you ever had any operations or surgical procedures in the last 2 years?	
20.	Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle?	
21.	Please specify your Height and Weight: Height cm Weight kg	
to fu th in tro	you have ticked 'Yes' o anything please provide orther details including the date of diagnosis / jury / surgery, and the eatment / name of any edication you received or are still receiving.	

SECTION 4 | DO I NEED A VISION TEST OR DOCTOR'S MEDICAL REPORT?

International Licences

Your previous medical examination is valid for 12 months and can be used to renew your licence, provided 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 1st January 2021.

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 a practice in the UK.

National, Club or Inter Club – Race, Truck or Long Circuit Kart Licences

Members aged 14 – 59 years:

Vision Test Only - Section 4A

Required for members aged 14 to 44 years inclusive who have not previously supplied a doctor's medical report. Required for members aged 45 to 59 years inclusive who have not supplied a doctor's medical report within the last 36 months.

Members aged 60 years and above:

Poctor's Medical Report & Vision Test – Sections 4A & 4B
You must have a medical and vision test at the
following age intervals: 60, 65, 70, 72 and 74 and
annually from the age of 75.

If you have reached one of the above age intervals since your last licence was issued, you must have a medical and vision test.

For all other licence grades a vision test or doctor's medical report is NOT required. Please go to section 5.

LICENCE HOLDER BENEFIT

OpticalExpress

Free vision test plus 10% off eye care and corrective surgery

SECTION 4A VISION TEST (For Race, Truck and Long Circuit Kart only. Refer	to Section 4 for guidance)	
To be filled in by your doctor or optician.		
Vision – To be recorded in metric Snellen acuity:		
a. Uncorrected vision (without corrective lenses)	Right eye: 6 /	Left eye: 6 /
b. Corrected (wearing corrective lenses if necessary)	Right eye: 6 /	Left eye: 6 /
c. Vision with both eyes open, the minimum corrected visual acuity must be 6 (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?		YES NO
f. Were there any abnormalities on the colour vision (Ishihara) test? If 'Yes', gi		YES NO
Please use this space to give further details	Applicant's name	
	Signature of optician/doctor	
	Date DD / MM / YYYYY	
SECTION 4B DOCTOR'S MEDICAL REPORT (For Race, Truck and Long	Circuit Kart only. Refer to Section 4 for guidance)	
1. Doctor's name	Please read regulations 10.1.1 to 12.1.8 of	the 'What you need to know
1a. Doctor's practice stamp/contact details including GMC registration no.	about your motorsport licence' booklet (ava www.motorsportuk.org) before filling in thi that ALL questions have been answered. No require further information to be submitted	s section for your patient, ensuring te that unanswered questions will
	1b. Applicant's full name	
	Date of birth DD / MM / YYYYY	
	Height cm Weight kg	Blood pressure /
2. Are you the applicant's registered General Practitioner? YES NO	If no, in what capacity are you providing this report?	
 Is the 12 lead resting ECG normal? (A resting ECG is only required if the applicant is ag Applicants aged 45 or OVER who are applying for an International Licence must enclose a stress-r (see H11) or an accepted equivalent advised by a Cardiologist 		N/A YES NO
3a. When was the 12 lead resting ECG performed? (Note that a resting ECG is valid for The 'normal' answer to each question below is 'NO'. In respect of each 'YES' respon		romments section
Is there any evidence of abnormality of the heart or cardiovascular system	•	YES NO
5. Is there any evidence of any mental condition in the applicant's medical h		YES NO
Has the applicant suffered from epilepsy, seizures or any other neurologic	-	YES NO
 Does the applicant have any physical condition or abnormality, or restriction 		
8. Were any abnormalities found in the urine analysis? If 'Yes', give details be		
9. Do you know of any reason why the applicant may be unfit to participate in the difference of the participate in the participate in the difference of the participate in the participate i		
If you are unsure of the applicant's fitness to participate in motorsport activities and wish to refer	, , , ,	
Please check your answers. If you have ticked 'YES' to any of the questions above, p	lease provide further details below.	
Doctor's comments		
Sign below to certify that you have examined the applicant in line with the 'W in the Resource Centre of www.motorsportuk.org.	hat you need to know about your motorsport licer	nce' booklet available
Your (doctor's) signature	Date of medical examin	
Please note: Your Competition Licence must be issued within 3 months of the		

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.



Discount on breakdown cover





Discounted hotel rooms

SECTION 5 PAYMENT - PLEASE ADD YOUR TOTALS FROM SECTIONS 2A AND 2B					
Total Licence fee(s) £ + Total Entrant PG Licence fee(s) £ + Total other fee options £ = Grand Total £					
Cheque made payable to 'Motorsport UK' Postal order made payable to 'Motorsport UK' Credit or debit card (give card details below)*					
Amount to be paid ${f \Sigma}$					
Card number Expiry date/ Phone number					
Cardholder's name Cardholder's signature					
Cardholder's address					
*American Express and Visa Electron cards are not accepted					

SECTION 6 | DECLARATION, APPLICANT SIGNATURE AND PARENT/LEGAL GUARDIAN COUNTERSIGNATURE

- I understand and will comply with the 'What you need to know about your motorsport licence' booklet which is available in the Resource Centre of www.motorsportuk.org.
- 2. 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 Motorsport UK may take disciplinary action against me, which may lead to my licence being permanently withdrawn. Failure to complete the form accurately with full disclosure may void insurance cover.
- 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 and/or other action against me (see General Regulations A.2.2.1.3, 2.2.1.4, H.3.1.2 and H.6).
- 4. I undertake for the purpose of this application to never make 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 H38 or www.wada-ama.org) and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn.
- 5. Motorsport UK operates a zero tolerance policy to the use of drugs and alcohol and I therefore confirm that I will not take part in any practice or competition while under the influence of drugs or alcohol and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn. I agree to submit to all testing protocols required.
- 6. I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct to the best of my belief.

- 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. I have read General Regulation H.9.2 setting out my rights and the procedures for dealing with medical reports.
- 8. 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 shall conform to all applicable COVID-19 protocols.
- 9. Where a medical report is provided by a doctor other than your own registered General Practitioner, we may ask for confirmation from your own GP. Where additional or specialist medical reports are deemed necessary, or clarification is required, this may result in a delay in your application. You should not commit to entering any event until your application has been approved.
- 10. I understand Motorsport UK needs to collect, process and retain personal information about me including medical details contained in this application in order to issue my licence and to perform its obligations under the General Regulations, in accordance with its Data Protection Policy found at www.motorsportuk.org/data-protection or by contacting us at privacy@motorsportuk.org. I also understand Motorsport UK would like to use such information for the purposes, as specified in its current Data Protection Policy, which I have read and understood.
- 11. A competitor shall not have time off school to participate in motorsport without the prior written approval of their school (see H7.1).
- 12. 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).
- 13. I hereby consent to the collection, safe processing and retention of my current and future medical data, obtained by Motorsport UK, in pursuance of its obligations as the authorised national sporting authority.

Part 1 Applicant's signature	Part 2 (If under 18) Parent or legal guardian's signature (The parent/legal guardian consents to agreement on behalf of the individual by way of their signature below)	Part 3 (If also applying for an Entrant PG licence) Parent or legal guardian's signature
Applicant's name (block capitals)	Parent or legal guardian's name (block capitals)	Parent or legal guardian's name (block capitals)
Date	Date	Date
<u>DD</u> / <u>MM</u> / <u>YYYY</u>	<u>DD</u> / <u>MM</u> / <u>YYYY</u>	<u>DD</u> / <u>MM</u> / <u>YYYY</u>

SECTION 7 | CHECKLIST

completed the application form correctly.						
		I understand and will comply with the 'What you need to know about your motorsport licence' booklet which is available in the Resource Centre		I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 5.		
		of www.motorsportuk.org I have entered any changes to my personal information in Section 1A.		I have signed and dated the declaration in Section 6 above. My parent/legal guardian has also countersigned in Part 2 if I am under 18		
		I have completed Section 3 (this is mandatory and MUST be completed by ALL applicants).	N/A	I have attached a passport style photograph with my name and date of birth on the reverse.		
	N/A	My doctor/optician has completed Section 4A (if applicable, see Section 4)	N/A	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		
	N/A	My doctor has completed Section 4B (if applicable, see Section 4)		a utility bill showing my name and UK address and have paid the Foreign ASN Authorisation Fee in Section 2 (Options and totals) and I would like		

To avoid any unnecessary delays in issuing your licence (which may result in your application being returned) please use the below checklist to ensure you have

SOME OF OUR LICENCE HOLDER BENEFITS (Login to your member benefits portal online for more details)

Plus discounts and offers from all these great brands and more...

My doctor has provided any additional medical information I need



and this is attached.

N/A

Discounts on Irish sea ferry travel through Nutt Travel



Money off vouchers and 10% discount on personalised racewear



15% off in-store and online



Motorsport UK to request the authorisation on my behalf.

Discounts on crosschannel ferry travel



10% off open pit lane Trackdays



Discounts on road and competition tyres plus £25 MOTs



- 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 the box.

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.

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