# 2024 Application for a 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 £135

3-day processing, enclose an extra £75

\*Subject to approval. See Declaration point 9

SECTION 1A   YOUR DETA	AILS (Please writ	e clearly in block capitals)			
					PLEASE ATTACH A
					PHOTOGRAPH HERE IF YOU HAVE NEVER SUPPLIED ONE TO US BEFORE, OR
					IF THERE HAS BEEN A
ostcode		Date of 8	Birth	_ / /	MATERIAL CHANGE TO YOUR APPEARANCE (WRITE
hone number		Mobile			YOUR NAME AND DATE OF BIRTH ON ITS REVERSE).
mail address					
lationality			Pi	revious licence number	
lon-British passport holders MUST enclose proof of		oill or bank statement)			
lationality and type of any other	er Competition Licer	nce you hold			
Gender	✓	Ethnicity	✓	Disability	
Female		Asian/Asian British		Do you consider yourself	VEC NO
Male		Black/African/Caribbean/Black British		to have a disability or	YES NO
Non-binary or Gender Fluid		Mixed/Multiple ethnic groups		long term condition?	
Prefer not to say		White			
		Other ethnic group Prefer not to say			
If you are under 18, ple section may delay your	ease provide the details	ust be completed by <u>all</u> applicants) of a parent or legal guardian. For over 18s, pleas	-		
		Email address			
		act lives at a different address to you, pleas			
,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CECTION AC IL HOW DID	VOLUME VOUD I	ICENICES			
SECTION 1C   HOW DID	YUU USE YUUR L	ICENCE?			
id you compete during 2023?	YE	S NO			
'Yes', please write the <b>number</b>	of events you comp	eted in next to each discipline below. If 'No	, proceed to	o the next question below.	
utocross	Cross Country	Karting S	Sprint		
utotest / AutoSolo	Drag Racing	Rallycross T	Trials		
ircuit Racing	Hill Climb	Rallying C	Other		
Vere vou a member of a Club ir	n 2023? YE	:5 NO			

Alan Charmichael Rally competitor Licence holder since 2006

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 - ITA* (If you are renewing, enclose proof that you have competed in at least one International Race in 2023)		£1,450
Race International - ITB* If you are renewing, enclose proof that you have competed in at least one International Race in 2023)		£525
Race International - ITC - C*		£265
Race International Truck - ITC - C*		£265
Race International - ITD - C*		£265

Kart	✓	Fee
Kart International Senior - ITE**		£185
Kart International Restricted - ITF**		£185
Kart International Junior - ITG**		£185

\* 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 28

Rally and Speed	✓	Fee
Speed International - ITD - R*		£265
Drag International IT - DR*		£265
Off Road International - ITC - C*		£265
Cross Country International - ITC - R*		£265
Rally International - ITC - R*		£265

### **NATIONAL LICENCES**

Race	✓	Fee
Race National*		£177
Race National Truck*		£177
Race Club* Formerly Race Inter Club (UK Only)		£110
Race Club* Formerly Race Inter Club Junior Championship (UK Only)		£110

- 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.
- ^^ Under 18 Rallycross applicants require an Entrant PG licence to be issued. See 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 2B.	<b>✓</b>	Fee
Kart National*^		£105
Kart Inter Club (UK Only)*^		£69
Kart Inter Club (Valid Bambino Only)^		£69
Kart Clubman (UK Only)^		£45
Kart Clubman Bambino (UK Only)^		£45
Are you going to be competing in Long Circuit Kart events?		YES*^

Options and totals	✓	Fee
Express Handling (3-hour)		£135
Express Handling (3-day)		£75

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		£177
RS National - Navigator		£115
RS National - Drag^		£177
RS National		£170
RS Inter Club - Stage Rally (UK Only)		£110
RS Inter Club - Stage Rally Junior (UK Only)		£110
RS Inter Club (UK Only)^^		£78

Options and totals	✓	Fee
European Postage (Post to UK is free of charge)		£13
Rest of the World Postage		£15
Foreign ASN Authorisation Fee		£60

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

Littalit FO	'	1 66
		£29

Parent's surname	Previous PG Licence No. (if known)
Parent's first name(s)	
Address	
	Postcode
Phone number	Mobile
Email address	

### PARENT/LEGAL GUARDIAN PHOTO

PLEASE ATTACH A
PHOTOGRAPH HERE IF YOU
HAVE NEVER SUPPLIED
ONE TO US BEFORE, OR
IF THERE HAS BEEN A
MATERIAL CHANGE TO
YOUR APPEARANCE (WRITE
YOUR NAME AND DATE OF
BIRTH ON ITS REVERSE).

If you have more than one child applying for a licence, please list their details below.

Child 1	Date of Birth	/	/	
Child 2	Date of Birth	/	/	
Child 3	Date of Birth	/	/	

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









Free tastecard for access to 2-for-1 meals and discounts

### **SECTION 3** | YOUR MEDICAL SELF-DECLARATION

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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).

Applicant's full name					
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.	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: Heightcm Weightkg	•			
a f t i t	f you have ticked 'Yes' to inything please provide urther details including he date of diagnosis / njury / surgery, and the reatment / name of any nedication you received or are still receiving.				

SECTION 4 | DO I NEED A VISION TEST AND/OR DOCTOR'S MEDICAL REPORT?
(Additional medical investigation may be necessary depending on your declaration above)

### Race Club, Race National, Truck National and Long Circuit Karting Licences Only

Members aged 14 to 44 years: Vision Test - Section 4A
For members who have not previously provided a
vision test.

Members aged 45 and above: Vision Test - Section 4A You must complete a vision test every 36 months.

Members aged 60 years and above: Doctor's Medical Report & Resting ECG - Section 4B

In addition to the above vision test requirement, you must have a medical and Resting ECG at the following age intervals: 60,65,70,72 and annually from 74.

If you have reached one of the above age intervals since your last medical report, you must have a medical and Resting ECG.

### International Licences

Members aged 49 and under: Medical Report, Vision Test and Resting ECG – Section 4A and 4B

Medical examination and vision test every 12 months, 12 lead Resting ECG every 24 months.

Members aged 50 to 74: Medical Report, Vision Test and Stress Related ECG – Section 4A and 4B

Medical examination and vision test every 12 months, Stress Related ECG every 24 months.

Members aged 75 and above: Medical Report, Vision Test and Stress Related ECG – Section 4A and 4B Medical examination and vision test annually, Stress Related ECG annually.

### International Licences Continued

Your previous medical examination is valid for 12 Months, and ECG for 24 months (12 months for members aged 75 and above)

Previous reports can be used to renew your licence provided that your application is received and processed before the 12-month or 24-month validity period expires. The expiry of both validity periods must also be beyond 1st January 2024.

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

### All Other Licence Grades (All ages)

A medical report or vision test is **NOT required** 

SECTION 4A   VISION TEST (FOI Race, Trock, Long Circuit Raiting			- 10 <b>-</b> 2 - 2 - 1 - 1 - 1 - 2	0.0000	
To be filled in by your doctor or optician. (Prescription not accepted) Ap	pplicant's full	name			
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 (wearing corrective lenses if necessary). See H10.1.10(a)	6/6	6 /			
d. Are corrective lenses (glasses or contact lenses) required for driving?			YES	NO	
e. Is there evidence of visual field loss on confrontation testing? If 'Yes', give			YES	NO	
f. Is there abnormality of colour vision on testing (Ishihara or equivalent)? If	'Yes', give deta	ils below. See H10.1.10(f)	YES	NO	
Please use this space to give further details	Name of o	ptician/doctor			
	Signature	of optician/doctor			
	Date	_ / /			
SECTION 4B   DOCTOR'S MEDICAL REPORT (For Race, Truck, Long Circ	cuit Karting & A	LL International Licences only.	Refer to Section 4 for g	uidance)	
1. Doctor's name		Please read regulations 10.1.1 to			
1a. Doctor's practice stamp/contact details including GMC registration no.	(1)	about your motorsport licence' boo of www.motorsportuk.org) before ensuring that ALL questions have questions will require further info	filling in this section for you been answered. Note that rmation to be submitted by	our patient, unanswered y you.	
	1b. Applicar	it's full name			
	Date of	Birth / /	_		
		cm Weightkg	Blood pressure	/	
Are you the applicant's registered General Practitioner? YES		apacity are you providing this re		_ ,	
<ol> <li>Is the 12 lead resting ECG normal? See section 4 above for guidance. Required for Natio applicants aged 49 and under. Applicants aged 50 or OVER who are applying for an International L signed by a Consultant Cardiologist (see H11) or an accepted equivalent advised by a Cardiologist</li> </ol>			N/A YES	NO	
3a. When was the 12 lead resting ECG performed? (See section 4 for validity period)					
The 'normal' answer to each question below is 'NO'. In respect of each 'YES' respons	se, further detai	s should be provided in the doc	cor's comments section.		
4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below.				NO	
5. Is there any evidence of any mental health condition in the applicant's medical history? If 'Yes', give details below.				NO	
6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? If 'Yes', give details below.				NO	
7. Is there any abnormality of tone, reflexes and ROM of any limb? If 'Yes', give deta	ils below.		YES	NO	
8. Was there evidence of haematuria, proteinuria or glycosuria on urinalysis?	If 'Yes', give de	tails below.	YES	NO	
9. Is there any reason why the applicant should not participate in motorsport			YES	NO	
If you have ticked 'YES' to any of the questions above, or if you are unsure of the app for further assessment to the Motorsport UK medical advisor, please give details below		to participate in motorsport acti	vities and wish to refer th	ne applicant	
Doctor's comments					
Sign below to certify that you have examined the applicant in line with the 'Wh in the Resource Centre of www.motorsportuk.org.	nat you need to	know about your motorsport	licence' booklet availab	le	
Your (doctor's) signature		Date of medical exami	nation /	/	

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

Please tick if you would like us to contact you via email to learn more about the work of the British Motorsport Trust or to make a charitable donation.

### 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.
- I confirm that the information given to any 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.
- 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. For these purposes I additionally consent to the provision to the Chief Medical Officer of Motorsport UK on behalf of Motorsport UK of all material medical information relating to me if I am involved in any serious incident while competing to include the nature of any injuries and any treatment given at or following an Event. I further consent to such data in wholly anonymised form being passed to FIA for the limited purposes of the World Accident Database and the enhancement of safety in motorsport.
- 14. Motorsport UK is committed to making positive progress in our Equality, Diversity & Inclusion programmes and therefore wishes to collect additional member data regarding ethnicity, disability and gender identity to establish clear baselines of the members of our community. This data will be treated as confidential and in accordance with the UK GDPR & DPA 2018 and will be used for statistical purposes only with access restricted to staff involved in processing and monitoring the data. If you do not wish to provide this information please use the option of "prefer not to say". Erasure of this data can be requested at any time in line with our data protection policy which can be found at www.motorsportuk.org/data-protection.
- 15. I will comply with the Motorsport UK Race with Respect Code of Conduct and understand that breaching the obligations may result in disciplinary action. The Motorsport UK Race with Respect Code of Conduct is available to view at motorsportuk. org/racewithrespect.
- I am not currently disqualified from holding or obtaining a Road Traffic Act ('RTA') licence as a result of any conviction.
- 17. I undertake to notify forthwith the Motorsport UK Membership Department in the event that during the period of validity of any competition licence granted to me by Motorsport UK I am disqualified from holding or obtaining a RTA licence as a result of conviction for RTA offences and to produce such evidence as may be required from me.
- 18. I understand that RTA disqualification is incompatible with holding a competition licence during the period of RTA disqualification and that non-disclosure of such disqualification is a breach of the National Competition rules.
- 19. I confirm that I shall undertake Motorsport UK training when requested to do so.

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 / /

### **SECTION 7** | CHECKLIST

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 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 of www.motorsportuk.org

I have entered any changes to my personal information in Section 1A.

I have completed Section 3 (this is mandatory and MUST be completed by

N/A My doctor/optician has completed Section 4A (if applicable. see Section 4)

My doctor has completed Section 4B (if applicable, see Section 4)

My doctor has provided any additional medical information I need and this is attached.

I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 5.

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 attached a passport style 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 Foreign ASN Authorisation Fee in Section 2 (Options and totals) and I would like Motorsport UK to request the authorisation on my behalf.

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

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



N/A

N/A

25% off luggage and backpacks online



Up to £120 cashback on road tyre purchases



Save money on breakdown cover



£25 off when you spend £250 at Aim Shop



Free lifetime excess protection cover



10% discount on helmets

## **THANK YOU FOR** YOUR APPLICATION

We hope you have a great year in motorsport. Please visit our website at motorsportuk.org/Events/Find-Events to find out more about upcoming events in 2024.



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.

Please return this form, your payment and any additional information you have to provide to:

Motorsport UK, Bicester Motion, OX27 8FY

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