

# 2020 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/optical certification (if required - see section 4)
- Payment details

Read the 'What you need to know about your motorsport licence' booklet 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



Save on average 5p per litre on diesel and savings on petrol



Up to £100 cash back on road tyres

## SECTION 1A | YOUR DETAILS (Please write clearly in block capitals)

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Gender  Male  Female

Date of birth DD / MM / YYYY

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Nationality \_\_\_\_\_ Previous licence number

(Non-British passport holders MUST enclose proof of residency in the UK. E.g a utility bill or bank statement)

Nationality and type of any other Competition Licence you hold \_\_\_\_\_

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).

## SECTION 1B | PARENT, GUARDIAN OR EMERGENCY CONTACT



**If you are under 18, please provide your parent's or guardian's details. For over 18s, please provide details for your emergency contact.**

Full name \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

If your parent, guardian or emergency contact lives at a different address to you please provide below

\_\_\_\_\_

## SECTION 1C | HOW DID YOU USE YOUR LICENCE?

Did you compete during 2019? YES  NO

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

Autocross \_\_\_\_\_ Cross Country \_\_\_\_\_ Karting \_\_\_\_\_ Sprint \_\_\_\_\_

Autotest / Autosolo \_\_\_\_\_ Drag Racing \_\_\_\_\_ Rallycross \_\_\_\_\_ Trials \_\_\_\_\_

Circuit Racing \_\_\_\_\_ Hill Climb \_\_\_\_\_ Rallying \_\_\_\_\_ Other \_\_\_\_\_

Were you a member of a Club in 2019? YES  NO

If 'Yes', how many Clubs were you part 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* <small>(If you are renewing, enclose proof that you have competed in at least one International Race in 2019)</small>		£1,193
Race International B* <small>(If you are renewing, enclose proof that you have competed in at least one International Race in 2019)</small>		£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/guardian must complete section 2B.

Kart	✓	Fee
Kart International A*∇ <small>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2019)</small>		£220
Kart International B*∇ <small>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2019)</small>		£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* <small>(Valid International Historic Rally Only)</small>		£228

### NATIONAL LICENCES

Race	✓	Fee
Race National*		£155
Race National Truck*		£155
Race Inter Club (UK Only)*		£99
Race Inter Club* <small>Junior Championship (UK Only)</small>		£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 guardian, complete section 2B.

Kart	✓	Fee
<small>If you are under 18 your parent or guardian must complete section 2B.</small> 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)

YES\*^

NO

Rally and Speed	✓	Fee
<small>If you are under 18 and competing in Drag racing your parent or guardian must complete section 2B.</small> 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



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.

Options and totals	✓	Fee
Express Handling (3 hours)		£115
Express Handling (3 day)		£65

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

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

Entrant PG	✓	Fee
		£25

Parent's surname \_\_\_\_\_ Previous PG Licence No. (if known) \_\_\_\_\_

Parent's first name(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_

#### PARENT/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 DD / MM / YYYY

Child 2 \_\_\_\_\_ Date of birth DD / MM / YYYY

Child 3 \_\_\_\_\_ Date of birth DD / MM / YYYY

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

**Bluefin Sport** Enhanced personal accident insurance when competing

**PROTYRE** Discount on road and competition tyres plus £25 MOTs

**ADRIAN FLUX** 15% discount on road car insurance

## 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 9 in the declaration (section 6).**

	YES	NO
1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a history of drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an epipen, or similar device?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrhythmia, angina, or high blood pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any implanted devices e.g pacemaker, defibrillator etc.?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) eg Aspergers?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you profoundly deaf and unable to hear?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had any operations or surgical procedures in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
21. Please specify your Height and Weight: Height _____ cm Weight _____ kg		

**If you have ticked 'Yes' to anything please provide further details including the date of diagnosis / injury / surgery, and the treatment / name of any medication you received or are still receiving.**

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## 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 2020.

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 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:

##### Doctor's Medical Report & Vision Test - Sections 4A & 4B

If you held a licence in 2019, you must have a medical and vision test at the following age intervals: 60, 65, 70, 72, 74 and annually from the age of 75.

If you did not hold a licence in 2019, 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



**Free vision test and discounts on eyewear and lenses**

**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 6/6 (wearing corrective lenses if necessary). See H10.1.10(a) 6 / \_\_\_\_\_
- 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

Please use this space to give further details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's name \_\_\_\_\_

Signature of optician/doctor \_\_\_\_\_

Date DD / MM / YYYY

**SECTION 4B | DOCTOR'S MEDICAL REPORT** (For Race, Truck and Long Circuit Kart only. Refer to Section 4 for guidance)

1. Doctor's name \_\_\_\_\_

1a. Doctor's practice stamp

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

1b. Applicant's full name \_\_\_\_\_

Date of birth DD / MM / YYYY

2. Are you the applicant's usual doctor? YES  NO  Height \_\_\_\_\_ cm Weight \_\_\_\_\_ kg Blood pressure \_\_\_\_\_ / \_\_\_\_\_

3. Is the 12 lead resting ECG normal? (A resting ECG is only required if the applicant is aged UNDER 45 AND applying for an International Licence) N/A  YES  NO   
Applicants aged 45 or OVER who are applying for an International Licence must enclose a stress-related ECG report signed by a Consultant Cardiologist (see H11) DD / MM / YYYY

3a. When was the 12 lead resting ECG performed? (Note that a resting ECG is valid for a period of 24 months)

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 section.

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

Please check your answers. If you have ticked 'YES' to any of the questions above, please provide further details below.

Doctor's comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Your (doctor's) signature \_\_\_\_\_

Date of medical examination DD / MM / YYYY



Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination. If your 2020 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 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 £ \_\_\_\_\_

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/GUARDIAN COUNTERSIGNATURE**

- I understand and will comply with the 'What you need to know about your motorsport licence' 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 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 action against me (see H6).
- 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](http://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.
- 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 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, 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](http://www.motorsportuk.org/data-protection) or by contacting us at [privacy@motorsportuk.org](mailto: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.
- 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 that 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).
- 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

\_\_\_\_\_

Applicant's name (block capitals)

\_\_\_\_\_

Date

DD / MM / YYYY

**Part 2 (If under 18)**  
Parent or guardian's signature

\_\_\_\_\_

Parent or guardian's name (block capitals)

\_\_\_\_\_

Date

DD / MM / YYYY

**Part 3 (If also applying for an Entrant PG licence)**  
Parent or guardian's signature

\_\_\_\_\_

Parent or guardian's name (block capitals)

\_\_\_\_\_

Date

DD / MM / YYYY



## 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.

- |                          |                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I have entered any changes to my personal information in Section 1A.                                                               | <input type="checkbox"/> | I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 5.                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> | I have completed Section 3 (this is mandatory and MUST be completed by ALL applicants).                                            | <input type="checkbox"/> | I have signed and dated the declaration in Section 6 above. My parent/guardian has also countersigned in Part 2 if I am under 18.                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> <small>N/A</small> My doctor/optician has completed Section 4A (if applicable, see Section 4)             | <input type="checkbox"/> | I have attached a passport style photograph with my name and date of birth on the reverse.                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> | <input type="checkbox"/> <small>N/A</small> My doctor has completed Section 4B (if applicable, see Section 4)                      | <input type="checkbox"/> | <input type="checkbox"/> <small>N/A</small> If I am <b>not</b> a British Passport holder, I have requested authorisation from my home ASN prior to submitting my application, <b>or</b> 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. |
| <input type="checkbox"/> | <input type="checkbox"/> <small>N/A</small> My doctor has provided any additional medical information I need and this is attached. | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                   |

## 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...



Discounts on Irish sea ferry travel through Nutt Travel



Money off vouchers and 10% discount on personalised racewear



20% off advanced driving courses



Discounts on cross-channel ferry travel



10% off open pit lane Trackdays



15% off Motorsport UK official merchandise

## THANK YOU FOR YOUR APPLICATION

We hope you have a great year in motorsport, please visit our website at [motorsportuk.org/Events/Find-Events](https://motorsportuk.org/Events/Find-Events) to find out more about upcoming events in 2020.

- 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. Registered in England. Registered number 1344829.**

