



MOTORSPORT IRELAND, 34 DAWSON STREET, DUBLIN 2
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LICENCE FEES QUOTED REQUIRE AN AFFILIATED CLUB STAMP

L1 FORM FIRST TIME APPLICATION FOR 2017 COMPETITION LICENCE

CHECKLIST

- Have you completed page 1, 2 & 4 in full?
Has your Affiliated Club stamped your application form, if applicable?
Have you included 1 passport size photograph?
Have you completed the Medical Declaration on page 2?
Has your Doctor completed and stamped the Doctor's Certificate on page 3, if applicable?
Have you enclosed payment including Cover Note fee etc. where applicable?
Have you applied for IRDS Insurance if you wish to drive in Rallies, Navigation, Endurance Trials or Multi Venue Autotests?
Have you completed an Introduction to Motorsport Course if required?

SECTION 1. YOUR DETAILS:

COMP. LICENCE NO. _____ Date of proposed first 2017 event _____

Grid for personal details: SURNAME, FIRST NAME, ADDRESS, TOWN, COUNTY, EIRCODE, TEL. - HOME, TEL. - MOB., E-MAIL

- Please tick if you wish to receive updates by e-mail.
Please tick if you wish your details to be made available to affiliated clubs organising events in the discipline of your main interest.

DATE OF BIRTH [grid] NATIONALITY [grid]

If you do not hold an Irish Passport, see Note in Section 6

VALID FULL RTA DRIVING LICENCE [grid] EXPIRY DATE [grid]

Full RTA Driving Licence is compulsory for Drivers in Stage Rallies and Navigation/Endurance/Retrospective Trials

SECTION 2. DECLARATION AND SIGNATURE/S

- I hereby apply for registration for the year 2017 on the Competitors and Drivers Register of Motorsport Ireland and I undertake, if registered, to submit to and be bound by the International Sporting Code of the FIA and the General Competition Rules and Regulations of Motorsport Ireland, the Irish Anti-Doping Rules and any regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland.
I have read and understood the terms of issue and am a permanent resident of the Republic of Ireland and/or I am an Irish National and I do not hold a current Competition Licence from any other ASN.
I hereby agree to abide by the guidelines and regulations contained in Motorsport Ireland's General Code of Conduct, the Code of Conduct for Children's Sport and Motorsport Ireland's Social Media Policy.

Your Signature: [box] Date: [box]

If you are 17 or under, your parent or legal guardian must complete the boxes below

Parent's or Guardian's name and relationship to you: [box]

Parent's/Guardian's signature: [box] Date: [box]

FOR OFFICIAL USE ONLY

FIRST TIME RACE & STAGE RALLY DRIVERS ONLY
This box must be stamped by the school to show that you have successfully completed your IMC Rally/Race Course.

CC / CHQ / P.O. / CASH €
MED DEC: YES / NO DOC CERT: YES / NO

SECTION 3. ANNUAL MEDICAL SELF DECLARATION MUST BE COMPLETED BY ALL COMPETITORS IN FULL

Competition Licence No.: _____

Name: _____

Date of Birth: ____/____/____. Gender: Male Female

Your Doctor's name:				
Doctor's address:				
Doctor's phone number:				
1.	Are corrective lenses (contact lenses or glasses) required for driving?	YES	NO	(If 'Yes', give details in the box provided)
2.	Have you ever been refused life assurance for medical reasons?	YES	NO	(If 'Yes', give details in the box provided)
3.	Have you been prescribed or are you taking any of the substances shown in the WADA (World Anti-Doping Agency) listings?	YES	NO	(If 'Yes', give details in the box provided)
4.	Have you had any surgical procedures within the last 2 years?	YES	NO	(If 'Yes', give details in the box provided)
5.	Do you suffer from any allergies for which you take medication or otherwise?	YES	NO	(If 'Yes', give details in the box provided)
6.	Do you take, or have you ever taken, such drugs as opium, morphia, cocaine, heroin, cannabis etc.?	YES	NO	(If 'Yes', give details in the box provided)

If you tick 'YES' to any of the questions below, it will be necessary to provide MI with an up to date Doctor's Certificate

7.	Do you have Diabetes which is treated with insulin or sulfonylureas? If the answer is yes <u>please ask your Doctor to fill in the 'Additional Comments' box on the Doctor's Certificate stating that your condition is well controlled by prescribed medication and is under regular supervision.</u> The comment has to be stamped by a Doctor or presented on an official letterhead.	YES	NO	(If 'Yes', a Doctor's Cert. is required)
8.	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
9.	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
10.	Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
11.	Have you ever had heart disease or a heart disorder?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
12.	Have you ever suffered from a psychiatric illness, a mental disorder (including treatment for depression) or any behavioural problem including ADHD?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
13.	Have you ever had a head injury with concussion or unconsciousness?	YES	NO	(If 'Yes', a Doctor's Cert. is required)
14.	Have you ever had dizziness, fainting fits, epilepsy or blackouts?	YES	NO	(If 'Yes', a Doctor's Cert. is required)

If you ticked 'YES' to any of the above, please give detailed information in the box provided below.

It is necessary for you to provide a Doctor's Certificate from your General Practitioner or Specialist if any of the questions from 7 to 14 are ticked 'YES'.

ADDITIONAL DETAILS:

I hereby declare that the above statements are true and accurate and I give permission to any hospital or medical practitioner to furnish information relating to my medical state to Motorsport Ireland.

I undertake to advise Motorsport Ireland in writing without delay of any change in my state of health.

Applicant's signature:

Date:

Parent's/Guardian's signature:
(if aged 17 or under)

Date:

SECTION 4. DO YOU NEED A MEDICAL?

Applicants applying for International Licences:

A medical examination must be carried out each year by a doctor less than 3 months before the application for an International Driver's/Navigator's licence is submitted.

N.B. A cardiovascular aptitude examination must be carried out every two years:

- for competitors aged under 45, this must be a 12 –lead ECG;
- for competitors aged 45 and over, this must be a stress test ECG;

Applicants aged 45 and over applying for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- You are required to submit a new Doctor's Certificate from your doctor for each competition year.

N.B. No ECG required.

Applicants aged under 45 for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- If you HAVE previously provided a Doctor's Certificate you are not required to submit one unless requested by MI.
- If you HAVE NEVER provided a Doctor's Certificate to MI you are required to have your doctor complete section 5.

SECTION 5. DOCTOR'S CERTIFICATE

All medical examinations must be carried out by a doctor of medicine authorised to practice in the Republic of Ireland or in the U.K.

To your doctor – Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.

1. Doctor's name and qualifications:.....

1a. Doctor's Medical Council Registration Number (or for UK, General Medical Council)

1a. Doctor's practice stamp:

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1b. Applicant's FULL name

Date of Birth:	
Height (cm)/Weight (kg)	
Blood Pressure Normal:	YES / NO

1	Are you the regular attendant of the applicant?	YES	NO
2	Is there any abnormality of the heart or cardiovascular system? If 'Yes', give details below.	YES	NO
3	Has the applicant ever suffered from epilepsy, seizures or any other neurological condition? If 'Yes', give details below.	YES	NO
4	Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If 'Yes', give details below?	YES	NO
Vision – To be recorded in metric Snellen acuity:			
5	Uncorrected (without corrective lenses)	R /	L /
6	Corrected (wearing corrective lenses if necessary)	R /	L /
7	Is there any ocular history of visual field loss? If 'Yes', give details below.	YES	NO
8	Are there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below.	YES	NO
9	Has the applicant been immunised against tetanus in the past 10 years?	YES	NO
10	Is there any evidence of a physical or mental condition in the applicant's medical history? If 'Yes', give details below	YES	NO
11	Does the applicant require special medical supervision? If 'Yes', give details below.	YES	NO
In view of the above stated results of my examination, I recommend that:			
12	The applicant is physically and mentally fit to drive in Race, Kart, Speed and Rally events. (If 'NO' please complete Q13)	YES	NO
13	I recommend that the applicant be reviewed by the Motorsport Ireland Medical Panel	YES	NO
The questions below are for competitors applying for an International Licence ONLY. Depending on age, a 12 lead or Stress Test ECG must be carried out every two years			
14	Date when the ECG was performed? (the ECG is valid for two years)		
15	Is the 12 lead resting ECG normal? (for International licence applicants aged UNDER 45)	YES	NO
16	Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER)	YES	NO

Doctor's comments:

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Doctor's signature:

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Date of examination:

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