



### Application for a Motorsport Ireland Licence for a Permanent Competitor Coaching Venue

PLEASE USE BLOCK CAPITALS

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| Name & Address of Venue:   |
|  |
|  |
| Applicant's Name:  |
| Applicant's Address:   |
|  |
| Telephone Number/s:  |
| Email address:   |
| Please confirm your status with regard to the venue:<br>(e.g. Owner, Occupier, Manager etc.) |

**I/We hereby apply for a Motorsport Ireland Licence for a Permanent Competitor Coaching Venue for the following motorsport discipline/s:**

**Circuit Racing**    **Stage Rallying**    **Kart Racing**

*Please state the number of MI/NCTC Certified Coaches available to teach the course/s:*

\_\_\_\_\_ *Introductory Level*

\_\_\_\_\_ *Level 1*

*Please state the quantity, make & model of vehicles available:*

Rally Cars: \_\_\_\_\_

Racing Saloon Cars: \_\_\_\_\_

Karts: \_\_\_\_\_

**1. Insurance**

**1.1** Does the venue have Public Liability Insurance in place to cover course participants and any guests they may bring with them?

Yes    No

|   |
|---|
| Additional Comments (if any):<br><br><br><br><br> |
|---|

1.2 Is there Employee Liability Insurance in place to cover the Coaches?

Yes  No

Additional Comments (if any):

## 2. Indoor Training Facilities

2.1 Does the venue have an adequate size classroom available including the necessary Audio Visual equipment and coaching materials? A list of recommended equipment is available from Motorsport Ireland.

Yes  No

Additional Comments (if any):

2.2 Is the room adequately lit, with ventilation and heating as necessary?

Yes  No

Additional Comments (if any):

2.3 Are there an adequate number of seats and tables provided?

Yes  No

Additional Comments (if any):

2.4 In the case of karts and single-seaters, are there suitable covered facilities provided for vehicle familiarisation prior to going on track?

Yes  No  Not applicable

Additional Comments (if any):

## 3. Food Preparation and Eating Areas

3.1 If food prepared at the venue is available, do the food preparation and hygiene standards comply with current Government Regulations?

Yes  No  Not applicable

Additional Comments (if any):

3.2 (a) Is there a suitable seated area, preferably with tables, provided for eating?

Yes  No

(b) Is this area kept clean and hygienic?

Yes  No

Additional Comments (if any):

#### 4. **Male/Female Toilets & Changing Areas**

4.1 Are there suitable clean and hygienic male and female toilet facilities available?

Yes  No

Additional Comments (if any):

4.2 (a) Are male and female changing rooms provided? (b) Are they of suitable size to allow participants to change into protective clothing?

(a)  Yes  No (b)  Yes  No

Additional Comments (if any):

#### 5. **Office Facilities**

5.1 Does the venue have a suitable system of administration in place in order to organise each coaching course, record participation and liaise with Motorsport Ireland?

Yes  No

Additional Comments (if any):

5.2 Is there a contact telephone number for normal office hours (i.e. 9am-5pm Monday to Friday)?

Yes  No

Additional Comments (if any):

#### 6. **Protective Clothing & Equipment**

6.1 Is there suitable clean protective clothing available for all participants in a full range of sizes?

Yes  No

Additional Comments (if any):

- 6.2** Is there a good range of helmets of a suitable standard and in a full range of sizes available?  
(Minimum standard BS6658-85 Type A or Snell SA95.)

Yes  No

Additional Comments (if any):

- 6.3** Does the venue have at least one full set of MI Approved standard protective clothing and helmet for demonstration purposes?

Yes  No

Additional Comments (if any):

## **7. Fire Prevention Facilities**

- 7.1** Are all vehicles, with the exception of karts, fitted with suitable fire extinguishers with current valid in-service certificates attached?

Yes  No

Additional Comments (if any):

- 7.2** Does the venue have an adequate number of visible fire stop points around the circuit?

Yes  No

Additional Comments (if any):

- 7.3** Does the venue have suitable fire prevention, control and escape measures in place for all relevant buildings and structures?

Yes  No

Additional Comments (if any):

## **8. Medical Facilities**

- 8.1** Have all staff and coaches received current First-Aid Training?

Yes  No

Additional Comments (if any):

- 8.2** Is there a written emergency procedure in place and available at all times? Please include a copy with this application.

Yes  No

Additional Comments (if any):

- 8.3** Does the venue have a well-stocked suitable First-Aid kit?

Yes  No

Additional Comments (if any):

**9. Vehicles:**

- 9.1** Are up-to-date maintenance records kept for each vehicle?

Yes  No

Additional Comments (if any):

- 9.2** Are all vehicles prepared to a standard to pass MI competition scrutiny (with the exception of fire extinguishers which may comply with 7.1 above)?

Yes  No

Additional Comments (if any):

- 9.3** Are there replacement vehicles available in case of mechanical failure?

Yes  No

Additional Comments (if any):

**10. Course / Venue:**

- 10.1** Is the configuration of the course, both in terms of surface material and layout, of a type compatible with the vehicles being used for coaching and the speeds being attained?

Yes  No

Additional Comments (if any):

**10.2** Do you accept that the course/venue will be subject to inspection and licensing by MI on a bi-annual basis in order for MI Introduction to Motorsport Courses to be permitted?

Yes  No

Additional Comments (if any):

**10.3** Do you accept that the responsibility for arranging timely inspections will rest with the owner/occupier of the course/venue?

Yes  No

Additional Comments (if any):

**11. Track Inspection & Licensing Fees:**

**11.1** Track Inspection and licensing fees will be in accordance with MI General Competition Rules (GCRs) Part XV, Article 4.

**Please include the appropriate fee:**

Inspection Fee = €100 - MI will contact you to organise an Inspection.

Licensing Fee = €100 – Please state date of expiry of last licence \_\_\_\_/\_\_\_\_/\_\_\_\_

**I / We declare that the above statements are accurate.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total payment included: € \_\_\_\_\_  Cash  Cheque  Other \_\_\_\_\_

Or please debit my  Visa  Mastercard  Lazer Card for the above amount:

Credit Card Number:

Expiry Date:     Name of Card holder: \_\_\_\_\_

**Office Use Only**

Amount Received: € \_\_\_\_\_

Inspection Date Arranged:

Licence Issued: