34 DAWSON STREET
DUBLIN 2, D02 RF90
TEL.: 01-677 5628
FAX: 01-671 0793
INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

# 2024 BRDS APPLICATION FORM

***FOR MOTORSPORT UK & ALL NON-MOTORSPORT IRELAND LICENCE HOLDERS INTENDING TO COMPETE IN STAGE RALLIES, MULTI-VENUE AUTOTESTS AND NAVIGATION / RETROSPECTIVE / ENDURANCE TRIALS IN THE REPUBLIC OF IRELAND. THIS APPLICATION CAN BE MADE ONLINE BY SETTING UP AN MI MEMBER ACCOUNT ON MOTORSPORT IRELAND'S WEBSITE.***

| DISCLAIMER |
|---|
| **Please find herewith a proposal/renewal form for BRDS/OS (British or Overseas Rally Drivers Scheme) Insurance for Motorsport UK and all non-Motorsport Ireland Licence holders intending to compete in the above events in the Republic of Ireland. Each renewal will require the completion of a Declaration Form containing details of Accidents/Convictions in the preceding 36 months and these should they have occurred, may lead to loadings on the standard premium terms. It is important to note that the BRDS will be valid for a maximum of 12 months and will carry an Expiry Date of December 31st annually. Scope of Cover is limited to Third Party Only including Legal Liability to Passengers. Premiums are payable to event organisers. The administration fee of €125 (payable by bank draft, credit card or cash) should be returned by post or email to Motorsport Ireland, 34 Dawson Street, Dublin, 2. D02 RF90 / info@motorsportireland.com.** |

| REQUIREMENTS |
|---|
| **A PHOTO OF THE FRONT AND BACK OF YOUR 2024 MOTORSPORT LICENCE** |
| **USE EXACT NAME AS PRINTED ON LICENCE** |

| OPTIONS | | | |
|---|---|---|---|
| **STANDARD PROCESSING** | **14-DAYS BEFORE EVENT** | **€125** | |
| **PRIORITY PROCESSING** | **5-DAYS BEFORE EVENT** | **€225** | |
| **SAME DAY PROCESSING** | **LAST BUSINESS DAY BEFORE EVENT** | **€325** | |

**PLEASE CHECK THE ONLINE IRDS/BRDS DATABASE MOTORSPORTIRELAND.COM PRIOR TO ARRIVAL AT YOUR EVENT TO ENSURE YOUR REGISTRATION HAS BEEN COMPLETED**

## PAYMENT DETAILS

| CARD NUMBER | EXPIRY | CVV |
|---|---|---|
| - - - | / | |

| | |
|---|---|
| **EXACT NAME ON CARD:** | |
| **I authorise Motorsport Ireland to deduct the €100 administration fee for this application and state that I have read and agreed to all terms listed above. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.** | |
| **SIGNATURE:** | |

34, DAWSON STREET

DUBLIN 2, D02 RF90

TEL: +3531 6775628

INFO@MOTORSPORTIRELAND.COM

MOTORSPORTIRELAND.COM

# 2024 BRDS APPLICATION FORM

***FOR MOTORSPORT UK & ALL NON-MOTORSPORT IRELAND LICENCE HOLDERS INTENDING TO COMPETE IN STAGE RALLIES, MULTI-VENUE AUTOTESTS AND NAVIGATION / RETROSPECTIVE / ENDURANCE TRIALS IN THE REPUBLIC OF IRELAND***

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COMPETITION LICENCE NO.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF BIRTH** | | | - | | | - | | | | | | | | | | | | | | | | | | | | | | |
| **NATIONALITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHONE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMAIL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OCCUPATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| | **Please tick if you wish to receive updates, renewal reminders by e-mail.** |

| | | | | |
|---|---|---|---|---|
| **1** | **How long have you held a full road licence? (Minimum requirement: 6 months)** | | | |
| **YEARS:** | | **MONTHS:** | | |

| **If "YES" to any question, please give full details in box provided (Date / Circumstances / Type of Offence / Penalty)** | | **YES** | **NO** |
|---|---|---|---|
| **2** | **Have you ever been convicted of any offence with a motor vehicle or is any such prosecution pending?** | | |
| **3** | **Have you been involved in any motor accident during the last 3 years?** | | |
| **4** | **Have you ever suffered from defective vision or hearing, diabetes, fits, heart condition or any other physical or mental infirmity that is required to be reported to the Authorities in relation to holding a Driving Licence?** | | |
| **DETAILS:** | | | |

## DECLARATION

**I declare the above statement and details are true and complete to the best of my knowledge and belief, and that no material facts have been withheld, misrepresented or misstated. I agree that this proposal will form the basis of the Contract between the insurers and me. I undertake to advise the insurers of any material fact or change affecting the continuance of the insurance, and I am willing to accept insurance subject to the Terms, Exceptions and Conditions usually contained therein for this class of risk. I warrant that the vehicle insured is, and will be, maintained in accordance with the requirements of the Republic of Ireland Road Traffic Act. Underwriters reserve the right to charge higher premiums, impose terms or to decline any proposal submitted.**

| **APPLICANT'S SIGNATURE IF OVER 18** | | **DATE** |
|---|---|---|
| | | |
| **PARENT or LEGAL GUARDIAN if under 18** | | **DATE** |
| **PRINT NAME:** | | |
| **SIGNATURE:** | | |