CLUB STAMP

An additional €275 charge will be incurred without a club stamp or email from your club to MI confirming your membership.

RACE/RALLY SCHOOL STAMP GOES HERE TO SHOW TRAINING HAS BEEN COMPLETED



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

2024 FIA INTERNATIONAL LICENCE RENEWAL FORM

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OTHER

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MEDICAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS

These requirements were changed by the FIA ahead of the 2024 motorsport year. Please take care to make sure you adhere to the updated requirements before you submit your application.

In accordance with the 2024 FIA International Sporting Code, Appendix L, Chapter 2, the following are required for International Licence applicants:

	FOR APPLICANTS UNDER THE AGE OF 50
Completed Medical Self-Declaration	
An annual medical examination (Doo	ctor's Certificate)
12-lead electrocardiogram (ECG) eve	ery three years

FOR APPLICANTS AGED 50-59
Completed Medical Self-Declaration
An annual medical examination (Doctor's Certificate)
12-lead electrocardiogram (ECG) every three years
Cardiologist Clearance form to be completed upon consultation with a registered cardiologist every three years

FOR APPLICANTS AGED 60 YEARS OLD AND OVER
Completed Medical Self-Declaration
An annual medical examination (Doctor's Certificate)
An annual stress electrocardiogram (ECG)
An annual Cardiologist Clearance form to be completed upon consultation with a registered cardiologist

NOTE:

All medical examinations and questions must be completed within three months prior to submitting the form. If you submit a form outside of the three-month window in which the medical examination was completed, you will be requested to revisit the medical practitioner and complete new documentation.

Additionally, please check with your doctor that all questions are completed as incomplete forms will require an additional consultation and/or visit.

SECTION 2: ANNUAL MEDICAL SELF DECLARATION

ANY MISSED LINES/QUESTIONS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION

	DOCTOR'S NAME		
	DOCTOR'S PHONE		
DO	OCTOR'S ADDRESS		
NO.	CATEGORY A	YES	NO
A1	Are corrective lenses (contact lenses or glasses) required for driving?		
A2	Have you ever been refused life assurance for medical reasons?		
А3	Have you had any surgical procedures within the last 2 years?		
A4	Do you suffer from any allergies for which you take medication or otherwise?		
A5	Have you ever taken any substance shown in the World Anti-Doping Agency listings? [See wada-ama.org]		
	IF YOU ANSWERED "YES" TO ANY QUESTION IN CATEGORY A, GIVE DETAILS IN THE BOX BELOW		
NO	CATEGORY B	VES	NO
NO.	CATEGORY B	YES	NO
NO.	Do you have diabetes?	YES	NO
		YES	NO
B1	Do you have diabetes?	YES	NO
B1 B2	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES	NO
B1 B2 B3	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?	YES	NO
B1 B2 B3 B4	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?	YES	NO
B1 B2 B3 B4 B5	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder?	YES	NO
B1 B2 B3 B4 B5 B6	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Do you currently suffer from or are receiving treatment for any psychiatric or mental illness?	YES	NO
B1 B2 B3 B4 B5 B6 B7	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Do you currently suffer from or are receiving treatment for any psychiatric or mental illness? Have you ever had a head injury with concussion or unconsciousness? Have you ever had dizziness, fainting fits, epilepsy, or blackouts?	YES	NO
B1 B2 B3 B4 B5 B6 B7 B8	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Do you currently suffer from or are receiving treatment for any psychiatric or mental illness? Have you ever had a head injury with concussion or unconsciousness? Have you ever had dizziness, fainting fits, epilepsy, or blackouts? PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE BELOW		
B1 B2 B3 B4 B5 B6 B7 B8	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Do you currently suffer from or are receiving treatment for any psychiatric or mental illness? Have you ever had a head injury with concussion or unconsciousness? Have you ever had dizziness, fainting fits, epilepsy, or blackouts? PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE BELOW by declare that all above and previous statements are true and accurate, and I give permission to any hospital or medical risk information relating to my medical state to Motorsport Ireland. I give permission to Motorsport Ireland to digitally see details and any medical records I provide them with. I undertake to advise Motorsport Ireland in writing without delay ge in my state of health.	I practit	ioner
B1 B2 B3 B4 B5 B6 B7 B8	Do you have diabetes? Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Do you currently suffer from or are receiving treatment for any psychiatric or mental illness? Have you ever had a head injury with concussion or unconsciousness? Have you ever had dizziness, fainting fits, epilepsy, or blackouts? PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE BELOW PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE	I practititore my	ioner

SECTION 3: DOCTOR'S CERTIFICATE

		FOR DOCTOR	R'S USE ONLY									
APPL	ICANT'S NAME		APPLICANT'S DATE OF BIRTH									
	HEIGHT:											
	WEIGHT:											
PLEASE RECORD VISION IN METRIC SNELLEN ACUITY (CORRECTED AND UNCORRECTED)												
	T											
NO.	[IF YES, TO ANY QUES	STION EXCEPT C1 OR C8, PLEASE	PROVIDE DETAILS IN COMMEN	T BOX ABOVE]	YES	NO						
C1	Are you the regular attenda	ant of the applicant?										
C2	Is there any abnormality of	f the heart or cardiovascular system	?									
С3	Does the applicant suffer for	rom any neurological condition?										
C4	Is there any physical abnor	mality or restriction of movement ir	n the arms or legs?									
C5	C5 Does the patient show signs of abnormal blood pressure?											
C6	C6 Is there any ocular history of visual field loss?											
С7	Are there any abnormalitie	es on the colour vision (Ishihara) test	?									
C8	Has the applicant been imr	munised against tetanus in the past	10 years?									
С9	Is there any evidence of a p	ohysical or mental condition that im	pairs the applicant from competing i	n motorsport?								
C10	Does the applicant require	special medical supervision?										
C11	Is there a medical reason the	hat the applicant should not compet	te in motorsport?									
C12	Do you recommend that th	ne Motorsport Ireland medical panel	review this applicant?									
DOCT	TOR'S NAME											
DOCI	TOP'S MEDICAL COUNCIL	DECISTRATION NUMBER (OR CI	ENERAL MEDICAL COUNCIL FOR	(אווי)								
DOC	TOR 3 MEDICAL COUNCIL	REGISTRATION NOWIBER (OR GI	ENERAL WIEDICAL COUNCIL FOR	UKJ								
DATE	OF EXAMINATION		DOCTOR'S SIGNATURE									
DOCT	TOR'S PRACTICE STAMP		DOCTOR'S COMMENTS									

SECTION 4: ECG FOR COMPETITORS UNDER 50 YEARS OLD

IF YOU ARE AGED UNDER 50 YEARS OLD, HAVE YOUR DOCTOR/GP COMPLETE THIS SECTION IF YOU ARE AGED 50 YEARS OR OLDER, PLEASE SKIP TO SECTION 5 THIS SECTION IS REQUIRED EVERY THREE CALENDAR YEARS

NO.	ECG FOR INTERNATIONAL APPLICANTS ONLY [UNDER 50 YEARS OLD]	YES	NO						
D1	Is there any problem indicated by the 12-lead resting ECG?								
D2	Date when the ECG was performed (the ECG is valid for three years):								

SECTION 5: CARDIOLOGIST CLEARANCE FORM

THIS PAGE MUST ONLY BE COMPLETED BY A REGISTERED CARDIOLOGIST IF YOU ARE 50-59 YEARS OLD, THIS FORM IS REQUIRED EVERY THREE CALENDAR YEARS IF YOU ARE 60 YEARS OLD OR OVER, THIS FORM IS REQUIRED ANNUALLY

APPL	ICANT'S NAME	APPLICANT'S DATE OF BIRTH										
NO. QUESTIONS FOR ALL 50+ YEARS OLD APPLICANTS												
E1	Is there any problem indicated by the 12-lead resting ECG?											
E2	Does the patient have any history of medical issues that may p	prevent them from operating a vehicle?										
E3	Is there any reason for the patient to require a follow-up exam	nination?										
E4 Is there a medical reason that the applicant should not compete in motorsport?												
E5 Do you recommend that the Motorsport Ireland medical panel review this applicant?												
NO. ADDITIONAL REQUIREMENTS FOR 60+ YEARS OLD APPLICANTS												
NO.	ADDITIONAL REQUIREMENTS FOR	60+ YEARS OLD APPLICANTS	YES	NO								
F1	F1 Is there any problem indicated by the stress ECG?											
	ANYOTH	ER NOTES:										
CARE	DIOLOGIST'S NAME											
CARE	DIOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER	(OR GENERAL MEDICAL COUNCIL FOR UK)										
DATE	OF EXAMINATION	DATE OF ECG EXAMINATION										
CARE	DIOLOGIST'S PRACTICE STAMP	CARDIOLOGIST'S SIGNATURE										

SECTION 6: LICENCE OPTIONS

IF YOU ARE UNSURE WHICH LICENCE GRADE YOU NEED, PLEASE CONSULT YOUR CHAMPIONSHIP REGULATIONS, FIA INTERNATIONAL SPORTING CODE APPENDIX L, AND/OR THE MOTORSPORT IRELAND OFFICE

ALL FIA INTERNATIONAL LICENCES ARE PRICED €290 AND EXPIRE ON 31 DECEMBER OF THE YEAR WHICH THEY ARE ISSUED

FIRST TIME INTERNATIONAL LICENCE APPLICANTS MUST CONTACT THE OFFICE FOR ACCESS TO ONLINE TRAINING

			CIRCUIT	
х	TITLE	CODE	DISCIPLINE	AGE
	INTERNATIONAL A	ITA	SINGLE SEATERS (W/P 0 < 1 KG/HP)	17+
	INTERNATIONALA	IIA	PROTOTYPES (W/P 0 < 1 KG/HP)	171
			SINGLE SEATERS (W/P 1 < 2 KG/HP)	
	INTERNATIONAL B	ІТВ	PROTOTYPES (W/P 1 < 2 KG/HP)	16+
	INTERNATIONALD	""	GTS (W/P 1 < 2 KG/HP)	
			TOURING CARS (W/P 1 < 2 KG/HP)	
			SINGLE SEATERS (W/P 2 < 3 KG/HP)	
			PROTOTYPES (W/P 2 < 3 KG/HP)	
			GTS (W/P 2 < 3 KG/HP)	
	INTERNATIONAL C	ITC-C	TOURING CARS (W/P 2 < 3 KG/HP)	16+
	INTERNATIONALC	116-6	TRUCKS 1	10+
			AUTOCROSS SUPER BUGGY	
			RALLYCROSS SUPERCAR	
			HF1/INDY (G), HF2 (H), HF5000, HFA, HGC, CANAM	
			SINGLE SEATERS (W/P 3 < KG/HP)	
			PROTOTYPES (W/P 3 < KG/HP)	
			GTS (W/P 3 < KG/HP)	
			TOURING CARS (W/P 3 < KG/HP)	
	INTERNATIONAL D	ITD-C	TRUCKS 2 (W/P 3 < KG/HP)	16+
			DRIFT D1 (W/P 3 < KG/HP)	
			AUTOCROSS (EXCEPT SUPER BUGGY)	
			RALLYCROSS (EXCEPT SUPERCAR)	
			HF1/INDY (G), HF2 (H), HF5000, HFA, HGC, CANAM	
			KARTING SENIOR	
	INTERNATIONAL E	ITE	AUTOCROSS – XC SENIOR	14+
			RALLYCROSS JUNIOR (W/P 5 < KG/HP)	
	INITEDNIATIONIA: 5	.TF	KARTING SENIOR – RESTRICTED	42.45
	INTERNATIONAL F	ITF	AUTOCROSS – XC JUNIOR	13-15
	INITEDNIATIONAL	170	KARTING JUNIOR	44.44
	INTERNATIONAL G	ITG	AUTOCROSS – XC JUNIOR	11-14

	ROAD										
х	TITLE	CODE	AGE								
	INTERNATIONAL C		CROSS COUNTRY - T1 (W/P 3 < 5 KG/HP)	16+							
			HILL CLIMB (CN/D, E2 CATII)								
			RALLY3, RALLY4, RALLY5 (W/P 5 < KG/HP)								
				CROSS COUNTRY (EXCEPT T1)							
	INTERNATIONAL D	ITD-R	HILL CLIMB (EXCEPT CN/D, E2 CATII)	16+							
			HISTORIC SPEED RALLY								
			HISTORIC HILLCLIMB								

	ADDITIONAL CHARGES												
NON-MEMBER	€300	Non-member fees must be paid if you are not a member of an M.I. affiliated club.											
PRIORITY FEE	€100	MI Membership is a separate entity to MI affiliated clubs and is not valid as a club stamp.											
SAME-DAY FEE	€200	Priority fees apply to late applications which need to be processed within three days. Same-day fees ensure same-day processing.											
DUPLICATE	€50	An upgrade fee must be paid when supplying event finishes.											
UPGRADE	€30	Duplicate licence fees must be paid in the case of lost licence cards.											

DATE RECEIVED



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

INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

2024 PAYMENT FORM

	SECTION 1: PERSONAL DETAILS																							
FIRST NAME SURNAME																								
SURNAME																								
DATE OF BIRTH			-			-																		
MI LICENCE NUMBER																								
SECTION 2: PAYMENT OPTIONS																								
		1			CAR	DNU	JMBE	R										EX	PIRY		7		VV	
-						-						-							-					
EXACT NAME ON CA	EXACT NAME ON CARD:																							
I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including all relevant and specified additional costs. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.														d										

IN ACCORDANCE WITH 2018 GDPR GUIDELINES, THIS PAGE WILL BE DESTROYED ONCE PAYMENT HAS BEEN COMPLETED.

ANY SUBSEQUENT CHARGES TO YOUR ACCOUNT WILL REQUIRE FURTHER AUTHORISATION.