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

2024 IRDS APPLICATION FORM

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

MI LICENCE NO.	
NAME	
DATE OF BIRTH	- -
ADDRESS	
PHONE	
EMAIL	
OCCUPATION	

I AM A	**COMPETITOR**		**OFFICIAL**	

ROAD DRIVING LICENCE ID NO.	
EXPIRY:	- -

1	**How long have you held a full road licence?**			
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:		