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 COMPETITION LICENCE RENEWAL FORM**

SECTION 1. DERSONAL DETAILS

| COMPET  | SECTION 1. PERSON                                |  |  |  |  |  |  |  |   |  |  |   |  | TOTAL DETAILS                                |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
|---|--|--|--|--|--|--|--|--|---|--|--|---|--|--|---------------------------------------|---|--|--|---|----------------------------------|--|------------------------------|--|---------------------|-----|--|
| COMPETITION LICENCE NUMBER:   |  |  |  |  |  |  |  |  |   |  |  | DATE OF PROPOSED FIRST EVENT:   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
|   |  |  |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
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| FIRST NAME  |  | $\sqcup$   |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| SURNAME   |  | $\Box$   |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| DATE OF BIRTH   | !  | -  | $\perp$  |  | -  | $\perp$  | $oldsymbol{ol}}}}}}}}}}}}}}}}}}$ | $oxed{igspace}$                                |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| NATIONALITY   |  | $\Box$   |  | $\perp$  |  | $\perp$  | <u> </u>   |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| ADDRESS   |  | $\Box$   |  | $\perp$  |  | $\perp$  | <u> </u>   |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| TOWN  |  | $\Box$   |  |  |  | ╙  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| COUNTY  |  | $\Box$   |  |  |  |  | <u> </u>   |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| EIRCODE   |  | $\Box$   |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| TEL. HOME   |  |  |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| TEL. MOB  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| EMAIL   |  | $\Box$   |  |  |  |  |  |  |   |  |  |   |  |  |                                       |   |  |  |   |                                  |  |                              |  |                     |     |  |
| * EIIII DTA DDI\/I  | NG UC  | ENICE  | ic Di  | COLUE  | ברו בר   | םח פי  |  | S IN (   | ·TAG  | -<br>DAI   | TIES AI  | יוט אוע   | MCVI   | TION!  | / ENI                                 | ם ופ  | N C  | - / pr   | TPO   | . חבר                            | -<br>-:\/E                                   | TDIA                         | *  | _                   | _   |  |
| * FULL RTA DRIVI<br>ROAD DRIVING LICEN  |  |  | 19 KF  | :QUIII   | (ED FO   | IK DK  | IVEN   | 5 IIV S  | SIAC  | E NA   | LIES AI  | אוו שו  | VIGA   | IUN  | / EIV                                 | DURA  |  |  | IRY:  |                                  | IIVL   | INIA                         | ALS ·  |                     |     |  |
| NOND DIVINIO LICE.  | <b>C</b>   | <u>,.                                    </u>  |  |  |  |  | 1  |  |   | <u> </u>   |  |   |  |  |                                       |   |  | L/\.   |   |                                  |  |                              |  |                     |     |  |
| COMMUNICATI   |  |  |  |  |  |  |  |  |   |  |  |   | •  |  |                                       |   |  | mur  | icati   | ions                             | inc  | ludi                         | ng ne  | ews,                |     |  |
| updates, exclus   | ive of   | fers   | & re   | enew   | <i>ı</i> al re   | mino   | ders   | . If y   | ou (  | do n   | ot do  | 50, W   | e car  | not  | em                                    | ail y   | ou.  |  |   |                                  |  |                              |  |                     |     |  |
| <ul> <li>I hereby apply for re-<br/>undertake, if register<br/>Rules and Regulatio</li> </ul>   | red, to  | tion f   | for th   | he cı  |  |  | CL/  | 4R/  | ΑT  | ON   | 1 / /  | <b>-</b>  |  |  |                                       |   |  | - р  | F1  |                                  |  |                              |  |                     |     |  |
| <ul> <li>imposed from time to</li> <li>I have read and und<br/>National and I do no<br/>permanent residency</li> <li>I hereby agree to ab<br/>of Conduct for Childi</li> <li>Your Signature:</li> <li>*If you are under 1</li> </ul>        | erstoo<br>t hold<br>y with<br>ide by<br>ren's    | e by Mod the la culin the la culin the la culin the Sport  | Motone tenurrer<br>urrer<br>ne Ro<br>e guior<br>rt and | ort Ir<br>orspo<br>rms o<br>nt Co<br>OI ev<br>deline<br>d Mo | nd be<br>reland<br>ort Ire<br>of iss<br>ompet<br>very y<br>es an<br>otorsp | bourd, the land ue a tition /ear nd report la            | nd be Iris I. Ind I I Lice gula relar  | am<br>ence                                     | e In<br>nti-E<br>a pe<br>e fro<br>s co<br>Soc | mpe<br>terna<br>opin<br>erma<br>m ar<br>ntair<br>cial M          | titors a<br>ational<br>ag Rulo<br>nent r<br>ny othe<br>ned in<br>ledia l | es an<br>eside<br>er AS<br>Moto   | Orivers<br>rting (<br>ad any<br>ent of<br>N. I h<br>orspor   | s Re<br>Cod<br>/ req<br>the<br>nold          | egist<br>le of<br>gula<br>Rep<br>an I | the<br>tions<br>oubli<br>Irish  | FIA<br>Suppose   | and<br>ople<br>Irelasspo                             | sport<br>I the<br>men<br>and a<br>rt or<br>Code | Irela<br>Gentary<br>and/         | and<br>hera<br>the<br>or I                   | al C<br>ereto<br>am<br>ipply | ompe<br>o as r<br>an Ir<br>y prod              | nay<br>ish<br>of of | be  |  |
| <ul> <li>I have read and und<br/>National and I do no<br/>permanent residence</li> <li>I hereby agree to ab<br/>of Conduct for Children</li> </ul>  | erstoo<br>t hold<br>y with<br>iide by<br>ren's s | by Mod the lacular | Motone tenurrer<br>urrer<br>ne Ro<br>e guior<br>rt and | ort Ir<br>orspo<br>rms o<br>nt Co<br>OI ev<br>deline<br>d Mo | nd be<br>reland<br>ort Ire<br>of iss<br>ompet<br>very y<br>es an<br>otorsp | bourd, the land ue a tition /ear nd report la            | nd be Iris I. Ind I I Lice gula relar  | am<br>ence                                     | e In<br>nti-E<br>a pe<br>e fro<br>s co<br>Soc | mpe<br>terna<br>opin<br>erma<br>m ar<br>ntair<br>cial M          | titors a<br>ational<br>ag Rulo<br>nent r<br>ny othe<br>ned in<br>ledia l | es an<br>eside<br>er AS<br>Moto   | Orivers<br>rting (<br>ad any<br>ent of<br>N. I h<br>orspor   | s Re<br>Cod<br>/ req<br>the<br>nold          | egist<br>le of<br>gula<br>Rep<br>an I | the<br>tions<br>oubli<br>Irish  | Moreone Moreone  | otors<br>and<br>opple<br>Irela<br>sspo<br>eral       | sport I the men and a rt or Code                | Irela<br>Gentary<br>and/         | and<br>hera<br>the<br>or I                   | al C<br>ereto<br>am<br>ipply | ompe<br>o as r<br>an Ir<br>y prod              | nay<br>ish<br>of of | be  |  |
| <ul> <li>I have read and und<br/>National and I do no<br/>permanent residence</li> <li>I hereby agree to ab<br/>of Conduct for Childe</li> <li>Your Signature:</li> <li>*If you are under 1</li> </ul>                                      | erstoo<br>t hold<br>y with<br>iide by<br>ren's s | by Mod the lacular | Motone tenurrer<br>urrer<br>ne Ro<br>e guior<br>rt and | ort Ir<br>orspo<br>rms o<br>nt Co<br>OI ev<br>deline<br>d Mo | nd be<br>reland<br>ort Ire<br>of iss<br>ompet<br>very y<br>es an<br>otorsp | bourd, the land ue a tition /ear nd report la            | nd be Iris I. Ind I I Lice gula relar  | am<br>ence                                     | e In<br>nti-E<br>a pe<br>e fro<br>s co<br>Soc | mpe<br>terna<br>opin<br>erma<br>m ar<br>ntair<br>cial M          | titors a<br>ational<br>ag Rulo<br>nent r<br>ny othe<br>ned in<br>ledia l | es an<br>eside<br>er AS<br>Moto   | Orivers<br>rting (<br>ad any<br>ent of<br>N. I h<br>orspor   | s Re<br>Cod<br>/ req<br>the<br>nold          | egist<br>le of<br>gula<br>Rep<br>an I | the<br>tions<br>oubli<br>Irish  | Moreone Moreone  | otors<br>and<br>ople<br>Irela<br>sspo                | sport I the men and a rt or Code                | Irela<br>Gentary<br>and/         | and<br>hera<br>the<br>or I                   | al C<br>ereto<br>am<br>ipply | ompe<br>o as r<br>an Ir<br>y prod              | nay<br>ish<br>of of | be  |  |
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IRDS OTHER

CC/CHQ/PO/CASH

**PAYMENT TOTAL** 

# **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   |            |      |  |  |  |  |  |  |
|  | DOCTOR'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   | CATECORY R   | VEC        | NO   |  |  |  |  |  |  |
| NO.  | CATEGORY B   | YES        | NO   |  |  |  |  |  |  |
| B1   | Do you have diabetes?  | YES        | NO   |  |  |  |  |  |  |
| B1<br>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   | Do you have diabetes?  | YES        | NO   |  |  |  |  |  |  |
| B1<br>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<br>B2<br>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<br>B2<br>B3<br>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<br>B2<br>B3<br>B4<br>B5   | 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<br>B2<br>B3<br>B4<br>B5<br>B6   | 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?  |            | 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?   |            | 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?  IF YOU ANSWERED "YES" TO ANY QUESTION IN CATEGORY B, A DOCTOR'S CERTIFICATE IS REQUIRED. | I practiti | oner |  |  |  |  |  |  |

#### **SECTION 3: DOCTOR'S CERTIFICATE**

FOR DOCTOR'S USE ONLY

# THIS PAGE IS REQUIRED FOR ANY/ALL OF THE FOLLOWING CONDITIONS:

ANY COMPETITOR WITHOUT A CERTIFICATE ON FILE (EXCEPT RALLY NAVIGATOR / CLUBMAN GRADES)

ANY COMPETITOR THAT IS AGED 50 YEARS OR OLDER (EXCEPT RALLY NAVIGATOR / CLUBMAN GRADES)

| ANY COMPETITOR THAT ANSWERS YES TO A QUESTION IN SECTION 2: CATEGORY B    |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--------------------------------------|---|--|--|--|--|--|--|--|--|--|--|--|
| APPL  | ICANT'S NAME  |                                      | APPLICANT'S DATE OF BIRTH                         |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   | HEIGHT:   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   | WEIGHT:   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| PLEASE RECORD VISION IN METRIC SNELLEN ACUITY (CORRECTED AND UNCORRECTED) |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| NO.   | O. [IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX ABOVE] |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| C1  | Are you the regular attend  | ant of the applicant?                |   |  |  |  |  |  |  |  |  |  |  |  |
| C2  | Is there any abnormality of   | f the heart or cardiovascular system | ?   |  |  |  |  |  |  |  |  |  |  |  |
| С3  | Does the applicant suffer f   | rom any neurological condition?      |   |  |  |  |  |  |  |  |  |  |  |  |
| C4  | Is there any physical abnormality or restriction of movement in the arms or legs?         |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| C5  | Does the patient show signs of abnormal blood pressure?                                   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| C6  | Is there any ocular history of visual field loss?   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| С7  | Are there any abnormalities on the colour vision (Ishihara) test?                         |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| C8  | Has the applicant been immunised against tetanus in the past 10 years?                    |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| С9  | Is there any evidence of a p  | physical or mental condition that im | pairs the applicant from competing in motorsport? |  |  |  |  |  |  |  |  |  |  |  |
| C10   | Does the applicant require  | special medical supervision?         |   |  |  |  |  |  |  |  |  |  |  |  |
| C11   | Is there a medical reason t   | hat the applicant should not compe   | te in motorsport?                                 |  |  |  |  |  |  |  |  |  |  |  |
| C12   | Do you recommend that th  | ne Motorsport Ireland medical panel  | review this applicant?                            |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| DOCI  | TOR'S NAME  |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| DOCT  | OR'S MEDICAL COUNCIL  | REGISTRATION NUMBER (OR G            | ENERAL MEDICAL COUNCIL FOR UK)                    |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| DATE  | OF EXAMINATION  |                                      | DOCTOR'S SIGNATURE                                |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
| DOCT  | TOR'S PRACTICE STAMP  |                                      | DOCTOR'S COMMENTS                                 |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |                                      |   |  |  |  |  |  |  |  |  |  |  |  |

#### **SECTION 4: LICENCE OPTIONS**

YOU WILL ONLY BE CHARGED FOR THE MOST EXPENSIVE LICENCE CATEGORY PLUS ANY ADDITIONAL COSTS

INTERNATIONAL LICENCE GRADES MUST NOW USE A SEPARATE FIA INTERNATIONAL LICENCE APPLICATION FORM

PLEASE REFER TO YOUR CHAMPIONSHIP / EVENT RULES AND REGULATIONS BEFORE APPLICATION

SEE MOTORSPORT IRELAND YEARBOOK GCRS AND APPENDIX 1 FOR MORE INFORMATION

| CATEGORY       | CODE   | FEE   | х | LICENCE NOTES  |
|----------------|--------|-------|---|--|
| RENEW PREVIOUS | 000    | N/A   |   | Ticking this box will renew your licence exactly as you held it before, with costs outlined below.   |
|                |        |       |   |  |
| RA             | ACE    |       |   | Race licences can only be issued to those who have attended racing school.   |
| NATIONAL A     | 004    | €155  |   | You must be at least 16 years old to hold a Nat. B licence or higher.  Junior licences are for drivers aged 14-16 years old.   |
| NATIONAL B     | 005    | €135  |   | Junior licences must be accompanied by a valid Competitor Entrant licence (separate form available   |
| JUNIOR         | 178    | €60   |   | on motorsportireland.com).   |
|                |        |       |   |  |
| KA             | ART    |       |   | Junior licences are for drivers aged 6-16 years old.   |
| NATIONAL A     | 173    | €135  |   | Junior licences must be accompanied by a valid Competitor Entrant licence (separate form available on motorsportireland.com).  |
| JUNIOR (6-16)  | 007    | €60   |   |  |
|                |        |       |   |  |
| RA             | LLY    |       |   | Rally licences (aside from Navigator) can only be issued to those who have attended rally school.  |
| NATIONAL A     | 013    | €155  |   | Upgrades to Nat. A / Int. must provide 4 Rally finishes from the last 36 months.  A Junior rally licence is for forest stage rally events only for drivers aged over 14 years old.             |
| NATIONAL B     | 014    | €135  |   | Nat. B / A are for drivers at least 17 years old, requires a valid RTA driving licence and a completed   |
| NAVIGATOR      | 015    | €135  |   | IRDS form.   |
| JUNIOR         | 191    | €60   |   |  |
|                |        |       |   |  |
| SP             | EED    |       |   | This allows you to compete in Rallycross, Rallysprint, Autocross, Sprint and Hillclimb events.   |
| NATIONAL A     | 017    | €155  |   | Upgrades to Nat. A / Int. must provide 6 Speed event finishes from the last 36 months.   |
| NATIONAL B     | 018    | €135  |   | You must be at least 16 years old to hold a National B licence or higher.  Nat. C lets you drive in Autocross up to 1650cc and Midget car races.   |
| NATIONAL C     | 119    | €80   |   | Junior licences are for drivers aged 13-16 years old.  |
| JUNIOR         | 046    | €60   |   |  |
|                |        |       |   |  |
| CLUE           | BMAN   |       |   | Clubman Road is only for drivers in Navigation, Endurance and Retro Trials as well as any event listed below. This licence was formerly known as Road National B. You will be given a Rally    |
| ROAD           | 039    | €135  |   | Navigator grade in conjunction with this licence. You will be required to complete an IRDS form.  Clubman National lets you compete in Sporting Trials, 4x4 Trials, Production Vehicle Trials, |
| NATIONAL       | 019    | €80   |   | Autosolos, Autotests and Multi-venue Autotests.  |
| JUNIOR         | 020    | €60   |   | Junior licences are for drivers aged 14-16 years old.  |
|                |        |       |   |  |
| ADDITION       | AL CHA | ARGES |   | Non-member fees must be paid if you are not a member of an M.I. affiliated club.   |
| NON-MEMBER     | 023    | €300  |   | MI Membership is a separate entity to MI affiliated clubs and is not valid as a club stamp.  |
| PRIORITY FEE   | 021    | €100  |   | Priority fees apply to late applications which need to be processed within three days.  Same-day fees ensure same-day processing.  |
| SAME-DAY FEE   | 021    | €200  |   | Same-day rees ensure same-day processing.  An upgrade fee must be paid when supplying event finishes.  |
| DUPLICATE      | 103    | €50   |   | Duplicate licence fees must be paid in the case of lost licence cards.   |
| UPGRADE        | 022    | €30   |   |  |
|                |        |       |   |  |

### NOTES BEFORE SUBMITTING AN APPLICATION

PLEASE NOTE THAT SOME LICENCE CATEGORIES REQUIRE ADDITIONAL ELEMENTS SUCH AS DOCTOR'S CERTIFICATES, IMC TRAINING COURSES, UPGRADES, OR ARE AGE RESTRICTED.

INCOMPLETE OR INCORRECT APPLICATIONS WILL RESULT IN A DELAY IN PROCESSING

IF YOU ARE UNSURE WHAT LICENCE CATEGORY IS REQUIRED FOR YOUR EVENT, OR YOU NEED TO CHECK WHAT REQUIREMENTS ARE NEEDED FOR YOUR LICENCE RENEWAL, THE FASTEST WAY TO GET AN ANSWER IS TO EMAIL US AT INFO@MOTORSPORTIRELAND.COM

**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** 

|                  |  |   |  |      | 3    | EC  | , I I C | NΙ | 1: | PE  | :KS    | OI | NA   | LU | )E I | ΑI | LS |   |    |      |   |   |   |   |     |  |
|------------------|--|---|--|------|------|-----|---------|----|----|-----|--------|----|------|----|------|----|----|---|----|------|---|---|---|---|-----|--|
| FIRST NAME       |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
| SURNAME          |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
| DATE OF BIRTH    |  | - |  |      | -    |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      | •    |     | •       |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
| MI LICENCE NU    | MBEI   | R |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      | c    |     | TIC     |    | 2. | D 4 | \ \/ N | 4  | NIT. |    | пΤ   |    | ıc |   |    |      |   |   |   |   |     |  |
|                  | SECTION 2: PAYMENT OPTIONS   |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  | CARI | D NU | МВЕ | R       |    |    |     |        |    | 1    |    |      |    | 7  | _ | EX | PIRY | , | 1 | _ | ( | CVV |  |
| -                |  |   |  |      | -    |     |         |    |    |     | -      |    |      |    |      |    |    |   |    | -    |   |   |   |   |     |  |
|                  |  |   |  | l    |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
| EXACT NAME ON CA | ARD:   |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
| form or document | 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 |    |   |    |      |   |   |   |   |     |  |
| SIGNAT           | URE:   |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   |   |     |  |
|                  |  |   |  |      |      |     |         |    |    |     |        |    |      |    |      |    |    |   |    |      |   |   |   | • |     |  |

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.