

DATE RECEIVED



34 DAWSON STREET

DUBLIN 2, D02 RF90

TEL.: 01-677 5628

FAX: 01-671 0793

INFO@MOTORSPORTIRELAND.COM

MOTORSPORTIRELAND.COM

## 2023 INTERNATIONAL NAVIGATOR FORM

### SECTION 1: PERSONAL DETAILS

INTERNATIONAL NAVIGATOR LICENCE NUMBER																				
COMPETITION LICENCE NUMBER																				

FIRST NAME																				
SURNAME																				
DATE OF BIRTH		-		-																
ADDRESS																				
TOWN																				
COUNTY																				
EIRCODE																				
PHONE																				

\* FULL RTA DRIVING LICENCE IS MANDATORY FOR DRIVERS IN STAGE RALLIES AND NAVIGATION / ENDURANCE / RETROSPECTIVE TRIALS \*

VALID FULL RTA DRIVING LICENCE																				
EXPIRY DATE		-		-																

TITLE OF FIRST EVENT	DATE OF EVENT
AND/OR CHAMPIONSHIP ENTRY	START DATE

### DECLARATION

I HAVE SUBMITTED A COMPLETED MEDICAL TO MOTORSPORT IRELAND IN ACCORDANCE WITH ART.6.5 OF APPENDIX 1.

I ENCLOSE ONE ID PHOTOGRAPH (UNLESS PREVIOUSLY SUPPLIED) AND AN ADD-ON LICENCE FEE IN THE SUM OF €60.00.

BY ORDER OF THE FIA INTERNATIONAL LICENCES ARE JANUARY TO DECEMBER ONLY THEREFORE THE APPLICANT'S NATIONAL COMPETITION LICENCE MUST ALSO BE JANUARY TO DECEMBER.

I UNDERSTAND THAT WHEN ISSUED WITH AN INTERNATIONAL RALLY LICENCE THAT I HAVE NOT DRIVEN IN THE REQUIRED NUMBER OF EVENTS IN ORDER TO PERMIT ME TO HOLD SUCH A LICENCE (REF: APPENDIX 1). IN RECOGNITION OF THIS FACT, I AGREE NOT TO DRIVE A COMPETING CAR ON SPECIAL STAGES IN EVENTS USING THIS LICENCE AND I UNDERSTAND THAT SHOULD I DO SO, I MAY BE LIABLE FOR THE PENALTIES LAID OUT IN GCR 102 AND GCR 139. I AM THE HOLDER OF A CURRENT NATIONAL COMPETITION LICENCE.

APPLICANT'S SIGNATURE [OR] PARENT/GUARDIAN SIGNATURE (IF AGED 17 OR UNDER)	DATE

## MEDICAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS

**These requirements were changed by the FIA ahead of the 2023 motorsport year. Please take care to make sure you adhere to the updated requirements before you submit your application.**

In accordance with the 2023 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 (Doctor's Certificate)
12-lead electrocardiogram (ECG) every 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 of 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**

<b>DOCTOR'S NAME</b>	
<b>DOCTOR'S ADDRESS</b>	
<b>DOCTOR'S PHONE</b>	

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?		
A3	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	YES	NO
B1	Do you have diabetes?		
B2	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?		
B3	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?		
B4	Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?		
B5	Have you ever had heart disease or a heart disorder?		
B6	Do you currently suffer from or are receiving treatment for any psychiatric or mental illness?		
B7	Have you ever had a head injury with concussion or unconsciousness?		
B8	Have you ever had dizziness, fainting fits, epilepsy, or blackouts?		

**PLEASE READ THE FOLLOWING DECLARATION AND SIGN AND DATE BELOW**

I hereby declare that all above and previous statements are true and accurate, and I give permission to any hospital or medical practitioner to furnish information relating to my medical state to Motorsport Ireland. I give permission to Motorsport Ireland to digitally store my licence details and any medical records I provide them with. I undertake to advise Motorsport Ireland in writing without delay of any change in my state of health.

APPLICANT'S SIGNATURE (OR PARENT/GUARDIAN SIGNATURE IF AGED 17 OR UNDER)	DATE

**SECTION 3: DOCTOR'S CERTIFICATE  
FOR DOCTOR'S USE ONLY**

<b>APPLICANT'S NAME</b>	<b>APPLICANT'S DATE OF BIRTH</b>
<b>DOCTOR'S NAME</b>	
<b>DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)</b>	
<b>DATE OF EXAMINATION</b>	<b>DOCTOR'S SIGNATURE</b>
<b>DOCTOR'S PRACTICE STAMP</b>	<b>DOCTOR'S COMMENTS</b>

<b>HEIGHT:</b>		<b>WEIGHT:</b>	
<b>PLEASE RECORD VISION IN METRIC SNELLEN ACUITY (CORRECTED AND UNCORRECTED)</b>			

<b>NO.</b>	<b>[IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX ABOVE]</b>	<b>YES</b>	<b>NO</b>
<b>C1</b>	Are you the regular attendant of the applicant?		
<b>C2</b>	Is there any abnormality of the heart or cardiovascular system?		
<b>C3</b>	Does the applicant suffer from any neurological condition?		
<b>C4</b>	Is there any physical abnormality or restriction of movement in the arms or legs?		
<b>C5</b>	Does the patient show signs of abnormal blood pressure?		
<b>C6</b>	Is there any ocular history of visual field loss?		
<b>C7</b>	Are there any abnormalities on the colour vision (Ishihara) test?		
<b>C8</b>	Has the applicant been immunised against tetanus in the past 10 years?		
<b>C9</b>	Is there any evidence of a physical or mental condition that impairs the applicant from competing in motorsport?		
<b>C10</b>	Does the applicant require special medical supervision?		
<b>C11</b>	Is there a medical reason that the applicant should not compete in motorsport?		
<b>C12</b>	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

**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**

<b>NO.</b>	<b>ECG FOR INTERNATIONAL APPLICANTS ONLY [UNDER 50 YEARS OLD]</b>	<b>YES</b>	<b>NO</b>
<b>D1</b>	Is there any problem indicated by the 12-lead resting ECG?		
<b>D2</b>	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**

<b>APPLICANT'S NAME</b>	<b>APPLICANT'S DATE OF BIRTH</b>
<b>CARDIOLOGIST'S NAME</b>	
<b>CARDIOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)</b>	
<b>DATE OF EXAMINATION</b>	<b>DATE OF ECG EXAMINATION</b>
<b>CARDIOLOGIST'S PRACTICE STAMP</b>	<b>CARDIOLOGIST'S SIGNATURE</b>

<b>NO.</b>	<b>QUESTIONS FOR ALL 50+ YEARS OLD APPLICANTS</b>	<b>YES</b>	<b>NO</b>
<b>E1</b>	Is there any problem indicated by the 12-lead resting ECG?		
<b>E2</b>	Does the patient have any history of medical issues that may prevent them from operating a vehicle?		
<b>E3</b>	Is there any reason for the patient to require a follow-up examination?		
<b>E4</b>	Is there a medical reason that the applicant should not compete in motorsport?		
<b>E5</b>	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

<b>NO.</b>	<b>ADDITIONAL REQUIREMENTS FOR 60+ YEARS OLD APPLICANTS</b>	<b>YES</b>	<b>NO</b>
<b>F1</b>	Is there any problem indicated by the stress ECG?		

<b>ANY OTHER NOTES:</b>

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## 2023 PAYMENT FORM

### SECTION 1: PERSONAL DETAILS

FIRST NAME																										
SURNAME																										
DATE OF BIRTH				-				-																		

MI LICENCE NUMBER						
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### SECTION 2: PAYMENT OPTIONS

CARD NUMBER	EXPIRY	CVV																														
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<b>EXACT NAME ON CARD:</b>	
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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.

<b>SIGNATURE:</b>	
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**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.**