2024 Application for a Motorsport UK Competition Licence

motorsport UK

Get to the heart of the action quicker by having the following to hand:

- ✓ A 'passport style' image
- ✓ Your medical/vision test (if required - see section 4)
- ✓ Payment details

Read the 'What you need to know about your motorsport licence' booklet (available in the Resource Centre of **www.motorsportuk.org**) before filling in this form.

Any questions?

We are happy to help - call us on 01753 765050

Need your licence in a hurry?*

☐ 3-hour processing, enclose an extra £135
☐ 3-day processing, enclose an extra £75

***Subject to approval. See Declaration point 9**

SECTION 1A | YOUR DETAILS (Please write clearly in block capitals)

Surname _____

First name(s) _____

Address _____

_____

Postcode _____ Date of Birth ____ / ____ / _____

Phone number _____ Mobile _____

Email address _____

PLEASE ATTACH A PHOTOGRAPH HERE IF YOU HAVE NEVER SUPPLIED ONE TO US BEFORE, OR IF THERE HAS BEEN A MATERIAL CHANGE TO YOUR APPEARANCE (WRITE YOUR NAME AND DATE OF BIRTH ON ITS REVERSE).

Nationality _____ Previous licence number ☐☐☐☐☐☐
(Non-British passport holders MUST enclose proof of residency in the UK e.g. a utility bill or bank statement)

Nationality and type of any other Competition Licence you hold _____

Gender	✓
Female	
Male	
Non-binary or Gender Fluid	
Prefer not to say	

Ethnicity	✓
Asian/Asian British	
Black/African/Caribbean/Black British	
Mixed/Multiple ethnic groups	
White	
Other ethnic group	
Prefer not to say	

Disability		
Do you consider yourself to have a disability or long term condition?	YES ☐	NO ☐

SECTION 1B | EMERGENCY CONTACT (Must be completed by all applicants)

If you are under 18, please provide the details of a parent or legal guardian. For over 18s, please provide details for your emergency contact. Failure to complete this section may delay your application.

Full name _____

Phone number _____ Email address _____

If your parent, legal guardian or emergency contact lives at a different address to you, please provide below

_____

_____

SECTION 1C | HOW DID YOU USE YOUR LICENCE?

Did you compete during 2023? ☐ YES ☐ NO

If 'Yes', please write the **number of events** you competed in next to each discipline below. If 'No', proceed to the next question below.

Autocross	_____	Cross Country	_____	Karting	_____	Sprint	_____
Autotest / AutoSolo	_____	Drag Racing	_____	Rallycross	_____	Trials	_____
Circuit Racing	_____	Hill Climb	_____	Rallying	_____	Other	_____

Were you a member of a Club in 2023? ☐ YES ☐ NO

If 'Yes', please **write the number** of clubs you were a member of _____

Alan Charmichael
Rally competitor
Licence holder since 2006

SECTION 2A | THE LICENCE(S) YOU NEED

Tick the appropriate boxes to show the licence(s) you are applying for. Licences run from 1st January to 31st December of the year shown on the licence. If you are applying for more than one licence using this application form, you must pay the full fee of the most expensive licence, and then pay 50% of the fee for each additional licence. Note that the 50% discount for additional licence grades is only applicable when applying for both licence grades at the same time and does not apply to Entrant PG licences.

INTERNATIONAL LICENCES

Race	✓	Fee
Race International - ITA* (If you are renewing, enclose proof that you have competed in at least one International Race in 2023)		£1,450
Race International - ITB* If you are renewing, enclose proof that you have competed in at least one International Race in 2023)		£525
Race International - ITC - C*		£265
Race International Truck - ITC - C*		£265
Race International - ITD - C*		£265

Kart	✓	Fee
Kart International Senior - ITE*˘		£185
Kart International Restricted - ITF*˘		£185
Kart International Junior - ITG*˘		£185

* May require a medical or vision test, refer to section 4.
˘ If you are under 18 and competing in UK National events, your parent/legal guardian must complete section 2B.

Rally and Speed	✓	Fee
Speed International - ITD - R*		£265
Drag International IT - DR*		£265
Off Road International - ITC - C*		£265
Cross Country International - ITC - R*		£265
Rally International - ITC - R*		£265

NATIONAL LICENCES

Race	✓	Fee
Race National*		£177
Race National Truck*		£177
Race Club* *Formerly Race Inter Club* (UK Only)		£110
Race Club* *Formerly Race Inter Club Junior Championship* (UK Only)		£110

* May require a medical or vision test, refer to section 4.
^ Under 18s will require an Entrant PG licence issued to their parent or legal guardian, complete section 2B.

Kart If you are under 18 your parent or legal guardian must complete section 2B.	✓	Fee
Kart National*^		£105
Kart Inter Club (UK Only)*^		£69
Kart Inter Club (Valid Bambino Only)^		£69
Kart Clubman (UK Only)^		£45
Kart Clubman Bambino (UK Only)^		£45

Are you going to be competing in Long Circuit Kart events? (If yes, Section 4 may need to be filled in. See H10.1.1) ☐ YES*^ ☐ NO

Rally and Speed If your are under 18 and competing in Drag racing your parent or legal guardian must complete section 2B.	✓	Fee
RS National - Stage Rally		£177
RS National - Navigator		£115
RS National - Drag^		£177
RS National		£170
RS Inter Club - Stage Rally (UK Only)		£110
RS Inter Club - Stage Rally Junior (UK Only)		£110
RS Inter Club (UK Only)		£78

Please allow 15 working days for the processing of your licence(s).

Need your licence in a hurry? Opt in for 3-day or 3-hour turnaround.

Options and totals	✓	Fee
Express Handling (3-hour)		£135
Express Handling (3-day)		£75

Options and totals	✓	Fee
European Postage (Post to UK is free of charge)		£13
Rest of the World Postage		£15
Foreign ASN Authorisation Fee		£60

SECTION 2B | ENTRANT PG LICENCE DETAILS (For parent/legal guardian of under 18 Drag & Kart competitors only)

Entrant PG	✓	Fee
		£29

Parent's surname _____ Previous PG Licence No. (if known) _____

Parent's first name(s) _____

Address _____

_____

_____ Postcode _____

Phone number _____ Mobile _____

Email address _____

PARENT/LEGAL GUARDIAN PHOTO

PLEASE ATTACH A PHOTOGRAPH HERE IF YOU HAVE NEVER SUPPLIED ONE TO US BEFORE, OR IF THERE HAS BEEN A MATERIAL CHANGE TO YOUR APPEARANCE (WRITE YOUR NAME AND DATE OF BIRTH ON ITS REVERSE).

If you have more than one child applying for a licence, please list their details below.

Child 1 _____ Date of Birth ____ / ____ / _____

Child 2 _____ Date of Birth ____ / ____ / _____

Child 3 _____ Date of Birth ____ / ____ / _____

SOME OF OUR LICENCE HOLDER BENEFITS (Login to your member benefits portal online for more details)

halfords — Discounts online & in-store

wex™ — Free fuel card with savings on petrol and diesel

tastecard — Free tastecard for access to 2-for-1 meals and discounts

SECTION 3 | YOUR MEDICAL SELF-DECLARATION

MANDATORY FOR ALL APPLICANTS. All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you. In all cases if you answer YES please list and explain. Please see points 2 and 10 in the declaration (section 6).

Applicant's full name _____

		YES	NO
1.	Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	☐	☐
2.	Do you take, or have you recently taken any of the substances on the World Anti-Doping Agency prohibited list? (see H38 or www.wada-ama.org)	☐	☐
3.	Have you ever had a history of drug or alcohol abuse?	☐	☐
4.	Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an EpiPen, or similar device?	☐	☐
5.	Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	☐	☐
6.	Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness?	☐	☐
7.	Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	☐	☐
8.	Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	☐	☐
9.	Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)?	☐	☐
10	Have you ever been diagnosed with heart disease, or any heart disorder, including any arrythmia, angina, or high blood pressure (hypertension)?	☐	☐
11.	Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason?	☐	☐
12.	Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.?	☐	☐
13.	Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	☐	☐
14.	Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	☐	☐
15.	Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers?	☐	☐
16.	Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving?	☐	☐
17.	Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?	☐	☐
18.	Are you profoundly deaf and unable to hear?	☐	☐
19.	Have you ever had any operations or surgical procedures in the last 2 years?	☐	☐
20.	Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle?	☐	☐

21. Please specify your Height and Weight: Height _____ cm Weight _____ kg

If you have ticked 'Yes' to anything please provide further details including the date of diagnosis / injury / surgery, and the treatment / name of any medication you received or are still receiving.

SECTION 4 | DO I NEED A VISION TEST AND/OR DOCTOR'S MEDICAL REPORT?
(Additional medical investigation may be necessary depending on your declaration above)

Race Club, Race National, Truck National and Long Circuit Karting Licences Only

Members aged 14 to 44 years: Vision Test - Section 4A
For members who have not previously provided a vision test.

Members aged 45 and above: Vision Test - Section 4A
You must complete a vision test every 36 months.

Members aged 60 years and above: Doctor's Medical Report & Resting ECG – Section 4B
In addition to the above vision test requirement, you must have a medical and Resting ECG at the following age intervals: 60, 65, 70, 72 and annually from 74.

If you have reached one of the above age intervals since your last medical report, you must have a medical and Resting ECG.

International Licences

Members aged 49 and under: Medical Report, Vision Test and Resting ECG – Section 4A and 4B

Medical examination and vision test every 12 months, 12 lead Resting ECG every 24 months.

Members aged 50 to 74: Medical Report, Vision Test and Stress Related ECG – Section 4A and 4B

Medical examination and vision test every 12 months, Stress Related ECG every 24 months.

Members aged 75 and above: Medical Report, Vision Test and Stress Related ECG – Section 4A and 4B
Medical examination and vision test annually, Stress Related ECG annually.

International Licences Continued

Your previous medical examination is valid for 12 Months, and ECG for 24 months (12 months for members aged 75 and above)

Previous reports can be used to renew your licence provided that your application is received and processed before the 12-month or 24-month validity period expires. The expiry of both validity periods must also be beyond 1st January 2024.

When upgrading from National to International level, the licence must be processed within 3 months of a medical examination being completed.

All Other Licence Grades (All ages)

A medical report or vision test is **NOT required**

SECTION 4A | VISION TEST (For Race, Truck, Long Circuit Karting & ALL International Licences only. Refer to Section 4 for guidance)

To be filled in by your doctor or optician. (Prescription not accepted) **Applicant's full name** _____

Vision – To be recorded in metric Snellen acuity:

a. Uncorrected vision (without corrective lenses) — Right eye: 6 / _____ Left eye: 6 / _____

b. Corrected (wearing corrective lenses if necessary) — Right eye: 6 / _____ Left eye: 6 / _____

c. Vision with both eyes open, the minimum corrected visual acuity must be 6/6 (wearing corrective lenses if necessary). See H10.1.10(a) — 6 / _____

d. Are corrective lenses (glasses or contact lenses) required for driving? **YES** ☐ **NO** ☐

e. Is there evidence of visual field loss on confrontation testing? If 'Yes', give details below. **YES** ☐ **NO** ☐

f. Is there abnormality of colour vision on testing (Ishihara or equivalent)? If 'Yes', give details below. See H10.1.10(f) **YES** ☐ **NO** ☐

Please use this space to give further details

Name of optician/doctor _____

Signature of optician/doctor _____

Date ____ / ____ / _____

SECTION 4B | DOCTOR'S MEDICAL REPORT (For Race, Truck, Long Circuit Karting & ALL International Licences only. Refer to Section 4 for guidance)

1. Doctor's name _____

1a. Doctor's practice stamp/contact details including GMC registration no.

Please read regulations 10.1.1 to 12.1.8 of the 'What you need to know about your motorsport licence' booklet (available in the Resource Centre of www.motorsportuk.org) before filling in this section for your patient, ensuring that ALL questions have been answered. Note that unanswered questions will require further information to be submitted by you.

1b. Applicant's full name _____

Date of Birth ____ / ____ / _____

Height _____ cm Weight _____ kg Blood pressure _____ / _____

2. Are you the applicant's registered General Practitioner? **YES** ☐ **NO** ☐ If no, in what capacity are you providing this report? _____

3. Is the 12 lead resting ECG normal? See section 4 above for guidance. Required for National applicants aged 60 and over OR International applicants aged 49 and under. Applicants aged 50 or OVER who are applying for an International Licence must enclose a stress-related ECG report signed by a Consultant Cardiologist (see H11) or an accepted equivalent advised by a Cardiologist ☐ **N/A** ☐ **YES** ☐ **NO**

3a. When was the 12 lead resting ECG performed? (See section 4 for validity period) ____ / ____ / _____

The 'normal' answer to each question below is **'NO'**. In respect of each **'YES'** response, further details should be provided in the doctor's comments section.

4. Is there any evidence of abnormality of the heart or cardiovascular system? If 'Yes', give details below. **YES** ☐ **NO** ☐

5. Is there any evidence of any mental health condition in the applicant's medical history? If 'Yes', give details below. **YES** ☐ **NO** ☐

6. Has the applicant suffered from epilepsy, seizures or any other neurological conditions? If 'Yes', give details below. **YES** ☐ **NO** ☐

7. Is there any abnormality of tone, reflexes and ROM of any limb? If 'Yes', give details below. **YES** ☐ **NO** ☐

8. Was there evidence of haematuria, proteinuria or glycosuria on urinalysis? If 'Yes', give details below. **YES** ☐ **NO** ☐

9. Is there any reason why the applicant should not participate in motorsport? If 'Yes', please give details below. **YES** ☐ **NO** ☐

If you have ticked **'YES'** to any of the questions above, or if you are unsure of the applicant's fitness to participate in motorsport activities and wish to refer the applicant for further assessment to the Motorsport UK medical advisor, please give details below.

Doctor's comments

Sign below to certify that you have examined the applicant in line with the 'What you need to know about your motorsport licence' booklet available in the Resource Centre of www.motorsportuk.org.

Your (doctor's) signature _____ **Date of medical examination** ____ / ____ / _____

Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination and/or vision test. If your 2024 licence application is not submitted and processed within 3 months of the above date, the medical examination must be revalidated by the examining doctor before your licence(s) can be issued.

SECTION 5 | PAYMENT - PLEASE ADD YOUR TOTALS FROM SECTIONS 2A AND 2B

Total Licence fee(s) £ _____ + Total Entrant PG Licence fee(s) £ _____ + Total other fee options £ _____

Amount to be paid £ _____

☐ Credit or debit card (give card details below)* ☐ Cheque made payable to 'Motorsport UK' ☐ Postal order made payable to 'Motorsport UK'

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry date ☐☐ / ☐☐ Phone number _____

Cardholder's name _____ Cardholder's signature _____

Cardholder's address _____

*American Express and Visa Electron cards are not accepted

Please tick if you would like us to contact you via email to learn more about the work of the British Motorsport Trust or to make a charitable donation. ☐

SECTION 6 | DECLARATION, APPLICANT SIGNATURE AND PARENT/LEGAL GUARDIAN COUNTERSIGNATURE

1. I understand and will comply with the 'What you need to know about your motorsport licence' booklet which is available in the Resource Centre of **www.motorsportuk.org**.
2. I confirm that the information given on this application form and any supporting documentation is true and complete. I have taken full responsibility for completing the form and have not delegated any part of my responsibilities to any other person. If I provide false information I understand that I may face financial penalties and Motorsport UK may take disciplinary action against me, which may lead to my licence being permanently withdrawn. Failure to complete the form accurately with full disclosure may void insurance cover.
3. I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that if I do so, Motorsport UK may take disciplinary and/or other action against me (see General Regulations A.2.2.1.3, 2.2.1.4, H.3.1.2 and H.6).
4. I undertake for the purpose of this application to never make use of drugs or of prohibited methods such as are defined in the Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping regulations of the FIA (see H38 or **www.wada-ama.org**) and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn.
5. Motorsport UK operates a zero tolerance policy to the use of drugs and alcohol and I therefore confirm that I will not take part in any practice or competition while under the influence of drugs or alcohol and understand if I do so, that Motorsport UK will take disciplinary action against me and my licence is likely to be permanently withdrawn. I agree to submit to all testing protocols required.
6. I confirm that the information given to any examining doctor regarding my present state of health and previous medical history is correct to the best of my belief.
7. I agree to Motorsport UK's Medical Consultant obtaining medical reports (if required) from any doctor who has ever seen me about anything which affects my physical or mental health. I have read General Regulation H.9.2 setting out my rights and the procedures for dealing with medical reports.
8. I understand that if any medical conditions arise during the validity of my licence, including (but not limited to) accidents at motorsport events, I must inform Motorsport UK's Medical Administrator prior to competing in any further motorsport events.
9. Where a medical report is provided by a doctor other than your own registered General Practitioner, we may ask for confirmation from your own GP. Where additional or specialist medical reports are deemed necessary, or clarification is required, this may result in a delay in your application. You should not commit to entering any event until your application has been approved.
10. I understand Motorsport UK needs to collect, process and retain personal information about me including medical details contained in this application in order to issue my licence and to perform its obligations under the General Regulations, in accordance with its Data Protection Policy found at **www.motorsportuk.org/data-protection** or by contacting us at **privacy@motorsportuk.org**. I also understand Motorsport UK would like to use such information for the purposes, as specified in its current Data Protection Policy, which I have read and understood.
11. A competitor shall not have time off school to participate in motorsport without the prior written approval of their school (see H7.1).
12. I understand that any Competition Licence issued will remain the property of Motorsport UK which reserves the right to withdraw or suspend it at any time. The reason(s) for any withdrawal or suspension shall be stated (see H3.1.2).
13. I hereby consent to the collection, safe-processing and retention of my current and future medical data, obtained by Motorsport UK in pursuance of its obligations as the authorised national sporting authority. For these purposes I additionally consent to the provision to the Chief Medical Officer of Motorsport UK on behalf of Motorsport UK of all material medical information relating to me if I am involved in any serious incident while competing to include the nature of any injuries and any treatment given at or following an Event. I further consent to such data in wholly anonymised form being passed to FIA for the limited purposes of the World Accident Database and the enhancement of safety in motorsport.
14. Motorsport UK is committed to making positive progress in our Equality, Diversity & Inclusion programmes and therefore wishes to collect additional member data regarding ethnicity, disability and gender identity to establish clear baselines of the members of our community. This data will be treated as confidential and in accordance with the UK GDPR & DPA 2018 and will be used for statistical purposes only with access restricted to staff involved in processing and monitoring the data. If you do not wish to provide this information please use the option of "prefer not to say". Erasure of this data can be requested at any time in line with our data protection policy which can be found at **www.motorsportuk.org/data-protection**.
15. I will comply with the Motorsport UK Race with Respect Code of Conduct and understand that breaching the obligations may result in disciplinary action. The Motorsport UK Race with Respect Code of Conduct is available to view at **motorsportuk.org/racewithrespect**.
16. I am not currently disqualified from holding or obtaining a Road Traffic Act ('RTA') licence as a result of any conviction.
17. I undertake to notify forthwith the Motorsport UK Membership Department in the event that during the period of validity of any competition licence granted to me by Motorsport UK I am disqualified from holding or obtaining a RTA licence as a result of conviction for RTA offences and to produce such evidence as may be required from me.
18. I understand that RTA disqualification is incompatible with holding a competition licence during the period of RTA disqualification and that non-disclosure of such disqualification is a breach of the National Competition rules.
19. I confirm that I shall undertake Motorsport UK training when requested to do so.

Part 1

Applicant's signature

_____

Applicant's name (block capitals)

_____

Date ____ / ____ / _____

Part 2 (If under 18)

Parent or legal guardian's signature
(The parent/legal guardian consents to agreement on behalf of the individual by way of their signature below)

_____

Parent or legal guardian's name (block capitals)

_____

Date ____ / ____ / _____

Part 3 (If also applying for an Entrant PG licence)

Parent or legal guardian's signature

_____

Parent or legal guardian's name (block capitals)

_____

Date ____ / ____ / _____

Please tick here to opt-out of receiving email communication relating to exclusive promotions available to you. ☐

SECTION 7 | CHECKLIST

To avoid any unnecessary delays in issuing your licence (which may result in your application being returned) please use the below checklist to ensure you have completed the application form correctly.

- ☐ I understand and will comply with the 'What you need to know about your motorsport licence' booklet which is available in the Resource Centre of **www.motorsportuk.org**
- ☐ I have entered any changes to my personal information in Section 1A.
- ☐ I have completed Section 3 (this is mandatory and MUST be completed by ALL applicants).
- ☐ N/A ☐ My doctor/optician has completed Section 4A (if applicable, see Section 4)
- ☐ N/A ☐ My doctor has completed Section 4B (if applicable, see Section 4)
- ☐ N/A ☐ My doctor has provided any additional medical information I need and this is attached.
- ☐ I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 5.
- ☐ I have signed and dated the declaration in Section 6 above. My parent/legal guardian has also countersigned in Part 2 if I am under 18.
- ☐ N/A ☐ I have attached a passport style photograph with my name and date of birth on the reverse.
- ☐ N/A ☐ If I am **not** a British Passport holder, I have requested authorisation from my home ASN prior to submitting my application, or I have enclosed a utility bill showing my name and UK address and have paid the Foreign ASN Authorisation Fee in Section 2 (Options and totals) and I would like Motorsport UK to request the authorisation on my behalf.

SOME OF OUR LICENCE HOLDER BENEFITS (Login to your member benefits portal for more details)

Plus discounts and offers from all these great brands and more...

OGIO	**25% off luggage and backpacks online**
PIRELLI	**Up to £120 cashback on road tyre purchases**
RAC	**Save money on breakdown cover**
AiM SHOP	**£25 off when you spend £250 at Aim Shop**
HOWDEN	**Free lifetime excess protection cover**
zamp HELMETS	**10% discount on helmets**

THANK YOU FOR YOUR APPLICATION

We hope you have a great year in motorsport. Please visit our website at motorsportuk.org/Events/Find-Events to find out more about upcoming events in 2024.

☐ In the event of an accident, Motorsport UK may share your information with the FIA Motor Sport World Accident Database. To opt in please tick here.

Please return this form, your payment and any additional information you have to provide to:
Motorsport UK, Bicester Motion, OX27 8FY

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