

SECTION 1. YOUR DETAILS

MOTORSPORT IRELAND, 34 DAWSON STREET, DUBLIN 2

Tel.: 01-677 5628 Fax: 01-671 0793
E-mail: licences@motorsportireland.com
Website: www.motorsportireland.com

L2 FORM

LICENCE FEES
QUOTED REQUIRE
AN AFFILIATED
CLUB STAMP

COMPETITION LICENCE NO.

RENEWAL APPLICATION FOR 2015 COMPETITION LICENCE

CHECKLIST

• Have you completed page 1 and 2 in full? • Has your Affiliated Club stamped your application form, if applicable? • Have you included 1 passport size photograph? • Have you completed your part of the Medical Declaration on page 2? • Has your Doctor completed and stamped the Doctors Certificate on page 3, if applicable? • Have you enclosed payment including Priority etc. where applicable? • Have you applied for IRDS Insurance if you wish to drive in Rallies or Navigation, Endurance Trials or Multi Venue Autotests? • Have you completed an Introduction to Motorsport Course if required? • Have you included the correct number of event finishes if you require an upgrade?

SURNAME																											
FIRST NAME																											
ADDRESS																											
TOWN																											
COUNTY																											
TEL HOME																											
TEL WORK																											
E-MAIL																											
Please tick if you wish to receive updates by e-mail. Please tick if you wish your details made available to affiliated clubs organising events in the discipline of your main interest.																											
DATE OF BIRTH									NA	ATIC	ONA	LITY	, [
Full RTA				1	is co	omp	ulso	ry fo	or D	river	s in	Stag	e Ra	llies	and	l Na	_			_	nce/	'Reti	osp	ectiv	e Tı	ials	•
VALID FULL RTA DRI	VIN	G LIC	CENC	CE													EXP	IRY	DAT	Έ							
undertake, if Competition thereto as m I have read a National and I hereby agre and Code of Your Signature: *If you are 17 or un Parent's or Guardi	Rule ay band u I do ee to Con	es ar e im unde not abid aduct	erstoo hold de by	egulared from the control of the con	atior om t ne te Comp e gui dren	ns of time erms petiti idelir 's Sp	of is on L	torsp me b ssue licen and	oort and ace f regu	Irela lotor d am rom ilatic	nd, f spor a p any ons o	he li t Irel erma othe onta	rish and anen	Anti- t res SN.	Dop sider Moto	oing nt of orspo	Rule	es an	nd ar ublic	ny re	egula relar eral (ation nd a	s su nd/o	pple r I a	men m ar	n Irisi	'n
Parent's/Guardian	's si	gna	ture	e: [Dat	e:						
									F	OR	OFF	ICIA	L U	SE (ONL	Υ											
FIRST TIME RAG This box must be si have successfully of	amp	ed b	y the	sch	ool t	o sho	ow tl	hat y								cc/	СН	n / c	· A C L								

SECTION 3. ANNUAL MEDICAL SELF DECLARATION MUST BE COMPLETED BY ALL COMPETITORS

Co	mpetition No.:												
Na	me:												
Da	Date of Birth:												
Se	x: Male / Female												
	ır Doctor's name:												
	ctor's address:												
	ctor's phone number:												
		I		(If 'Yes', give details									
1.	Have you ever been rejected life assurance for medical reasons?	YES	NO	in the box provided)									
2.	Have you been prescribed or are you taking any of the substances shown in the WADA listings?	YES	NO	(If 'Yes', give details in the box provided)									
3.	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES	NO	(If 'Yes', give details in the box provided)									
4.	Do you have any congenital abnormality of any limbs, or amputation, or any other disability?	YES	NO	(If 'Yes', give details in the box provided)									
5.	Have you had any surgical procedures within the last 2 years?	YES	NO	(If 'Yes', give details in the box provided)									
6.	Do you suffer from any allergies for which you take medication or otherwise?	YES	NO	(If 'Yes', give details in the box provided)									
7.	Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses?	YES	NO	(If 'Yes', give details in the box provided)									
8.	Are corrective lenses (contact lenses or glasses) required for driving?	YES	NO	(If 'Yes', give details in the box provided)									
9.	Have you ever been treated for – do you now have – or have you ever had any of the following:	YES	NO	(If 'Yes', give details in the box provided)									
a.	heart disease or a heart disorder?	YES	NO	(If 'Yes', give details in the box provided)									
b.	a psychiatric illness, mental disorder including treatment for depression or any behavioural problem including ADHD?	YES	NO	(If 'Yes', give details in the box provided)									
C.	head injury with concussion or unconsciousness?	YES	NO	(If 'Yes', give details in the box provided)									
d.	dizziness, fainting fits, epilepsy or blackouts?	YES	NO	(If 'Yes', give details in the box provided)									
e.	do you take, or have ever taken, such drugs as opium, morphia, cocaine, heroin, cannabis etc.?	YES	NO	(If 'Yes', give details in the box provided)									
f.	Do you have Diabetes? If you are Insulin – Dependent Diabetic please ask your Doctor to fill in 'Additional Comments' box stating that your condition is well controlled by	YES	NO	(If 'Yes', give details in the box provided)									
	the prescribed medication.												
<u>If</u>	you ticked 'Yes' to any of the above, please give detailed information in the box provide provide a written medical report from your General Practitioner or			necessary for you to									
	ADDITIONAL COMMENTS:												
Ap	plicant's signature:		ate:										
Ċ													
Pa	rent's/Guardian's signature:	D	ate:										

SECTION 4. DO YOU NEED A MEDICAL?

Applicants applying for International Licences:

Medical examination must be carried out each year by a doctor less than 3 months before the application for an International Driver's/Navigator's licence is submitted.

N.B. Cardiovascular aptitude examination must be carried out every two years:

- for competitors aged under 45, a 12 -lead ECG;
- for competitors aged 45 and over, a stress test ECG;

Applicants aged 45 and over applying for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- You are required to submit a new Doctor's Certificate from your doctor each competition year.

N.B. No ECG required.

1a. Doctor's practice stamp:

Applicants aged under 45 for National Race, Kart, Speed, Stage Rally Driving & Midget Car Racing Licences:

- If you HAVE previously provided a Doctor's Certificate you are not required to submit one unless requested by MI.
- If you HAVE NEVER provided a Doctor's Certificate to MI you're required to have your doctor complete section 5.

SECTION 5. DOCTOR'S CERTIFICATE

Medical examination must be carried out by a doctor of medicine authorised to practice in the Republic of Ireland or the U.K.

To your doctor — <u>Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.</u>

Date of Birth:

Blood Pressure:

Height (cm)/Weight (kg)

1b. Applicant's FULL name

1. Doctor's name and qualifications:

2.	Are you the regular attendant of the applicant?	YES	NO
3	Date when the ECG performed? (ECG is valid for two years)		
3a	Is the 12 lead resting ECG normal? (for International licence applicants aged UNDER 45)	YES	NO
3b	Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER)	YES	NO
4	Is there any abnormality of the heart or cardiovascular system? If 'Yes', give details below.	YES	NO
5	Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If 'Yes', give details below?	YES	NO
6	Vision – To be recorded in metric Snellen acuity:		
6a	Uncorrected (without corrective lenses)	R /	L /
6b	Corrected (wearing corrective lenses if necessary)	R /	L /
6c	Is there any ocular history of visual field loss? If 'Yes', give details below.	YES	NO
6d	Are there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below.	YES	NO
7	Has the applicant been immunised against tetanus in the past 10 years?	YES	NO
8	Is there any evidence of a physical or mental condition in the applicant's medical history? If 'Yes', give details below	YES	NO
9	Does the applicant require special medical supervision? If 'Yes', give details below.	YES	NO
10	In view of the above stated results of my examination, I recommend that:		
10a	The applicant is physically and mentally fit to drive in Race, Kart, Speed and Rally events. If 'NO' please complete Q10b.	YES	NO
10b	The applicant be reviewed by the Motorsport Ireland Medical Panel	YES	NO
	If you have ticked 'Yes' to any of the questions above, please provide further details	in the box belo	w
	<u>Doctor's comments:</u>		
Docto	or's signature: Date of examination:		

SECTION 6. LICENCE(S) YOU NEED

- Tick the appropriate boxes to show the licence(s) you are applying for.
- Licences expire on the 31st December of the year for which they are issued. A competitor may use a 2015 licence during December 2014.
- An International Licence requires a complete Doctor's Certificate.
- If you are applying for two or more categories of Licence at the same time, the total licence fee will be the cost of the most expensive only.
- The fees below are for members of clubs affiliated to Motorsport Ireland.
- If you do not hold an Irish passport you have to supply MI with proof of permanent residency within the ROI, e.g. a utility bill showing your name and full Irish address.
- Please remember that you cannot apply for an entrant licence and International Navigator licence with this form. Please use separate application form available on MI website.
- Applicants must compete an Introduction to Motorsport Course (IMC) prior to being issued with any of the following licences: Race Junior, Race National B, Stage Rally National B.

Please indicate your MAIN TYPE OF MOTORSPORT in which you intend to compete

RACE/KART	RALLY	SPEED	CLUBMAN
Kart Racing	Special Stage Rallying	Rallycross	Sporting Trials
Circuit Racing	Historic Stage Rallying	Rallysprint	4x4 Trials
	Navigation Trials	Sprint	Midget Car Racing
	Retrospective Trials	Autocross	Autotest
	Endurance Trials	Hillclimb	

2015 LICENCE RENEWAL CATEGORIES

LICENCE CATEGORY	CODE	FEE	IRDS								
Car and Kart Racing											
F	RACE										
International A	001	€189									
International B	002	€158									
International C	003	€124									
National A	004	€105									
National B (16+)	005	€99									
Junior Race (14-16)	178	€48									
Kart Ra	acing ONLY	1									
H	(ART										
International A	009	€124									
International B	010	€124									
International C	011	€124									
National B (16+)	173	€99									
Junior Kart (12-16)	007	€48									
Cadet Kart (8-12)	800	€48									

LICENCE CATEGORY	CODE	FEE	IRDS									
Navigation/Endurance/Retrospective (Road) Trials & Special												
Stage Rallies (Stage Rally)												
STAGE RALLY												
International	012	€124	✓									
National A	013	€105	1									
National B (17+)	014	€99	4									
Navigator (16+)	015	€99										
ROAD (for Navigation, Endurance & Retro Trials)												
National B (17+)	039	€99	/									
Rallycross, Rallysprint, S	print, Hillcli	mb & Auto	cross									
S	PEED											
International	016	€124										
National A	017	€105										
National B (16+)	018	€99										
Junior (14-16)	046	€48										
Sporting/4x4/Production Ve	ehicle Trials,	Midget Ca	r Racing,									
Autotest, Multi-Venu	e Autotests	& Autosol	os									
*Multi-Venue Auto	tests requir	e IRDS 🗸 *	•									
CLU	IBMAN											
National B (16+)	019	€99										
Junior (14-16)	020	€48										

ADDITIONAL FEES

PRIORITY	025	€ 25.00	In extreme cases & at the sole discretion of MI Cover Notes may be provided.
UPGRADE	022	€ 10.00	This applies when event finishes for an upgrade are provided.
DUPLICATE	103	€ 20.00	In cases of licence replacement or adding a new licence category during competition year (request will be accepted in writing only).
NON-MEMBER SUPPLEMENT	023	€	Non-member supplement fee = licence fee.

SECI	IUI	v /.	PAT	IVIEI	WI O	PIIU	INS										
*Chequ								•		•) for th	ne amo	ount:	€		
Cardho	older	r's Na	me: _										Sig	natur	e:		
VISA o	r MA	ASTER	Card	Numb	er:										CVV:		Expiry Date:
																	/