

LICENCE ASSESSMENT



FOR DISABLED COMPETITORS

To be completed by the applicant and returned with your medical report and exit video to medical@motorsportuk.org

Type of licence requested:			
Name of applicant:		DoB:	
Address:			
Mobile No:		Email:	
Tel No:			
Details of disability:			
Current DVLA status: <i>(Licence restrictions)</i>			
Previous motorsport experience:			
Type of event / Championship:			
Competition vehicle: <i>(Make / Model)</i>			
Chassis number:			
Modifications to vehicle:			

FOR OFFICE USE ONLY:

Assessment carried out by: <i>(ARDS / BARS / ARKS examiner)</i>	
Licence application received:	
Medical received:	
Doctors letter received:	
Additional comments:	

Exit test received: Yes No

Exit test passed: Yes No

Schools assessment required: Yes No
e.g. ARDs / ARKS / BARS

Video attached: Yes No

Pictures attached: Yes No

Medical Sign-off:

Name: _____

Signed: _____

Date: _____

Safety / Technical Sign-off:

Name: _____

Signed: _____

Date: _____