

Motorsport UK Licence Assessment

For Disabled Competitors

Please do not apply for your competition licence until you've had approval from the Motorsport UK Medical Administrator

Applicant's section:

Name	
Date of Birth	
Contact Number(s)	
Email Address	
Postal Address	
Disability Details	
Current DVLA status (incl. automatic/manual)	
Discipline you wish to participate in	Autocross <input type="checkbox"/> Autotest <input type="checkbox"/> Circuit Racing <input type="checkbox"/> Cross Country <input type="checkbox"/> Drag Racing <input type="checkbox"/> Hillclimb <input type="checkbox"/> Karting <input type="checkbox"/> Rallycross <input type="checkbox"/> Rallying <input type="checkbox"/> Sprint <input type="checkbox"/> Trials <input type="checkbox"/>
Type of licence applied for	
Competition Car adapted for your disability? If yes, please detail	No <input type="checkbox"/> Yes <input type="checkbox"/> - please detail:

By completing this form & signing below I declare that I have given accurate information.

Name: _____

Date: _____ **Signed:** _____

Information supplied on this form will be processed in accordance with Motorsport UK Privacy Policy which can be found at www.motorsportuk.org/Data-Protection

OFFICE USE ONLY:

Medical Received	
Exit Video (Date, Time elapsed)	
Additional Information	
Approved By	

Safety/Technical sign-off:

Name: _____

Date: _____

Signed: _____

Motorsport UK Stamp:

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