

2021 Application for Motorsport UK Competition Licence

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 £115
- 3-day processing, enclose an extra £65

Did you know you may be able to apply for your licence online?

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

halfords 10% off in-store



Up to 10% off the full range of Wera tools



Up to £120 cash back on road tyres

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

Surname _____

First name(s) _____

Gender Male Female

Date of birth DD / MM / YYYY

Address _____

Postcode _____

Phone number _____ Mobile _____

Email address _____

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 _____

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).

SECTION 1B | PARENT, LEGAL GUARDIAN OR EMERGENCY CONTACT



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.

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 2020? 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 2020? YES NO

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



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 A* <small>(If you are renewing, enclose proof that you have competed in at least one International Race in 2020)</small>		£1,193
Race International B* <small>(If you are renewing, enclose proof that you have competed in at least one International Race in 2020)</small>		£430
Race International C*		£220
Race International Truck C*		£220
Race International D*		£220

* 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.

Kart	✓	Fee
Kart International A** <small>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2020)</small>		£220
Kart International B** <small>(If you are renewing, enclose proof that you have competed in at least one International Kart Race in 2020)</small>		£191
Kart International C Senior**		£134
Kart International C Restricted**		£134
Kart International C Junior**		£134

Rally and Speed	✓	Fee
Speed International R*		£220
Drag International (Class 1)*		£220
Off Road International C*		£220
Cross Country International R*		£220
Rally International R*		£228
Rally International H* <small>(Valid International Historic Rally Only)</small>		£228

NATIONAL LICENCES

Race	✓	Fee
Race National*		£155
Race National Truck*		£155
Race Club* <i>Formerly Race Inter Club</i> <small>(UK Only)</small>		£99
Race Club* <i>Formerly Race Inter Club</i> <small>Junior Championship (UK Only)</small>		£99

* 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	✓	Fee
<small>If you are under 18 your parent or legal guardian must complete section 2B.</small>		
Kart National**^		£89
Kart Inter Club (UK Only)**^		£59
Kart Clubman (UK Only)^		£45
Kart Clubman Bambino (UK Only)^		£45
Are you going to be competing in Long Circuit Kart events? <small>(If yes, Section 4 may need to be filled in, see H10.1.1)</small>		
	YES**^	<input type="checkbox"/>
	NO	<input type="checkbox"/>

Rally and Speed	✓	Fee
<small>If you are under 18 and competing in Drag racing your parent or legal guardian must complete section 2B.</small>		
RS National - Stage Rally		£155
RS National - Navigator		£99
RS National - Drag^		£149
RS National		£149
RS Inter Club - Stage Rally (UK Only)		£99
RS Inter Club - Stage Rally Junior (UK Only)		£99
RS Inter Club (UK Only)		£69



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)		£115
Express Handling (3-day)		£65

Options and totals	✓	Fee
European Postage <small>(Post to UK is free of charge)</small>		£12
Rest of the World Postage		£29
Foreign ASN Authorisation Fee		£48

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

Entrant PG	✓	Fee
		£25

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 DD / MM / YYYY

Child 2 _____ Date of birth DD / MM / YYYY

Child 3 _____ Date of birth DD / MM / YYYY

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

Bluefin Sport Enhanced personal accident insurance when competing



15% discount on competition car insurance

ADRIAN FLUX 15% discount on road car insurance

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).

	YES	NO
1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a history of drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an epipen, or similar device?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrhythmia, angina, or high blood pressure (hypertension)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have any implanted devices e.g. pacemaker, defibrillator etc.?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you profoundly deaf and unable to hear?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever had any operations or surgical procedures in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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 OR DOCTOR'S MEDICAL REPORT?

International Licences

Your previous medical examination is valid for 12 months and can be used to renew your licence, provided that your application is received and processed before the 12-month validity period expires. The expiry of the 12-month validity period must be beyond 1st January 2021.

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

All medical examinations for International licences must be performed within the UK, or must be performed by a doctor registered to a practice in the UK.

National, Club or Inter Club – Race, Truck or Long Circuit Kart Licences

Members aged 14 – 59 years:

Vision Test Only - Section 4A

Required for members aged 14 to 44 years inclusive who have not previously supplied a doctor's medical report.

Required for members aged 45 to 59 years inclusive who have not supplied a doctor's medical report within the last 36 months.

Members aged 60 years and above:

Doctor's Medical Report & Vision Test – Sections 4A & 4B

You must have a medical and vision test at the following age intervals: 60, 65, 70, 72 and 74 and annually from the age of 75.

If you have reached one of the above age intervals since your last licence was issued, you must have a medical and vision test.

For all other licence grades a vision test or doctor's medical report is NOT required. Please go to section 5.

LICENCE HOLDER BENEFIT

OpticalExpress

Free vision test plus 10% off eye care and corrective surgery

SECTION 4A | VISION TEST (For Race, Truck and Long Circuit Kart only. Refer to Section 4 for guidance)

To be filled in by your doctor or optician.

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 any ocular history that suggests the possibility of visual field loss? If 'Yes', give details below. YES NO
- f. Were there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below. See H10.1.10(f) YES NO

Please use this space to give further details

Applicant's name _____

Signature of optician/doctor _____

Date DD / MM / YYYY

SECTION 4B | DOCTOR'S MEDICAL REPORT (For Race, Truck and Long Circuit Kart 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 DD / MM / YYYY

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? (A resting ECG is only required if the applicant is aged UNDER 45 AND applying for an International Licence) N/A YES NO
Applicants aged 45 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 DD / MM / YYYY

3a. When was the 12 lead resting ECG performed? (Note that a resting ECG is valid for a period of 24 months)

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 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. Does the applicant have any physical condition or abnormality, or restriction of movement in the arms or legs? If 'Yes', give details below. YES NO
8. Were any abnormalities found in the urine analysis? If 'Yes', give details below. YES NO
9. Do you know of any reason why the applicant may be unfit to participate in motorsport? If 'Yes', please give details below. YES NO

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.

Please check your answers. If you have ticked 'YES' to any of the questions above, please provide further 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 DD / MM / YYYY



Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination. If your 2021 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.



Discount on breakdown cover



10% off car rental



Discounted hotel rooms

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 £ _____ = Grand Total £ _____

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

Amount to be paid £ _____

Card number Expiry date / Phone number _____

Cardholder's name _____ Cardholder's signature _____

Cardholder's address _____

*American Express and Visa Electron cards are not accepted

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

- 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 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.
- 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).
- 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.
- 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.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct to the best of my belief.
- 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.
- 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. I shall conform to all applicable COVID-19 protocols.
- 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.
- 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.
- A competitor shall not have time off school to participate in motorsport without the prior written approval of their school (see H7.1).
- 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).
- 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.

Part 1

Applicant's signature

Applicant's name (block capitals)

Date

DD / MM / YYYY

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

DD / MM / YYYY

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

DD / MM / YYYY

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.

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | 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 | <input type="checkbox"/> | I have enclosed the correct payment: Cheque/Postal Order or Credit/Debit card details in Section 5. |
| <input type="checkbox"/> | I have entered any changes to my personal information in Section 1A. | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | I have completed Section 3 (this is mandatory and MUST be completed by ALL applicants). | <input type="checkbox"/> | <input type="checkbox"/> N/A I have attached a passport style photograph with my name and date of birth on the reverse. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A My doctor/optician has completed Section 4A (if applicable, see Section 4) | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> N/A My doctor has completed Section 4B (if applicable, see Section 4) | <input type="checkbox"/> | <input type="checkbox"/> N/A |
| <input type="checkbox"/> | <input type="checkbox"/> N/A My doctor has provided any additional medical information I need and this is attached. | | |

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

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



Discounts on Irish sea ferry travel through Nutt Travel



Discounts on cross-channel ferry travel



Money off vouchers and 10% discount on personalised racewear



10% off open pit lane Trackdays



15% off in-store and online



Discounts on road and competition tyres plus £25 MOTs

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 2021.



- 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.
- If you would like to receive information from carefully selected organisations and partners other than Motorsport UK and its member clubs via postal or electronic means, please tick the box.

Please return this form, your payment, and any additional information you have to provide to:

Motorsport UK, Bicester Motion, OX27 8FY.

Motorsport UK Association Limited trading as Motorsport UK.
Registered in England and Wales with Company Number 1344829.
Registered Office: 141 The Command Works, Southern Avenue, Bicester Heritage, OX27 8FY.