

MOTORSPORT IRELAND, 34 DAWSON STREET, DUBLIN 2

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Website: www.motorsportireland.com

LICENCE FEES
QUOTED REQUIRE
AN AFFILIATED
CLUB STAMP

L2 FORM RENEWAL APPLICATION FOR 2017 COMPETITION LICENCE

CHECKLIST

• Have you completed page 1, 2 & 4 in full? • Has your Affiliated Club stamped your application form, if applicable? • Have you included 1 passport size photograph, unless supplied in the last 5 years? • Have you completed the Medical Declaration on page 2? • Has your Doctor completed and stamped the Doctor's Certificate on page 3, if applicable? • Have you enclosed payment including Cover Note fee 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 and your current competition licence if you require an upgrade?

| SECTION 1. YOUR | | ۱LS | : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| COMP. LICENCE NO | ວ | | | | - | | | | | | | | | Da | te | of | p | ro | 009 | ec | l fi | rst | 20 | 17 | eve | ent | | | | | - |
| SURNAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY | | | | | | | | | | | | | | | | | ı | | | | | | | | | | | | | | |
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| TEL. – MOB. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick if you | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | |
| Please tick if you | wish | your | det | ails | mad | le av | vail | able | tc | o at | tilia | ited | clu | bs (| org | gan | ISII | ng (| eve | nts | in | the | dis | cipli | ne c | of y | our | ma | in ir | nter | est. |
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| SECTION 2. DECLA | _ | | | | - | - | | | | 13 11 | 130 | ugc | Itai | iics | uı | iui | ٧u | visi | atio | , . | | uic | 11100 | ., nc | tios | pe | CCIV | ٠ ١١ | iuis | | |
| undertake, if re Competition R supplementary | I hereby apply for registration for the year 2017 on the Competitors and Drivers Register of Motorsport Ireland and I undertake, if registered, to submit to and be bound by the International Sporting Code of the FIA and the General Competition Rules and Regulations of Motorsport Ireland, the Irish Anti-Doping Rules and any regulations supplementary thereto as may be imposed from time to time by Motorsport Ireland. I have read and understood the terms of issue and am a permanent resident of the Republic of Ireland and/or I am | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby agree Conduct, the C | to ab | ide b | y the | e gu | ideli | nes | an | d re | gul | latio | ons | con | tain | ed | in | Мо | tor | rspo | ort I | rela | and | | | | Coc | de c | of | | | | |
| Your Signature: | | | | | | | | | | | | | | | | | | | | | |] | Dat | te: | | | | | | | |
| *If you are 17 or u | ınder | , yoı | ur p | arei | nt o | r le | gal | gua | arc | dia | n m | ust | СО | mp | let | te t | the | e b | oxe | es k | ele | ow | * | | | | | | | | |
| Parent's or Guard | ian's | nan | ne a | ınd | rela | tio | nsh | nip t | 0 | yo | u: | | | | | | | | | | | | | | | | | | | | |
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| Parent's/Guardia | n's si | gnat | ture | : [| | | | | | | | | | | | | | | | | | | Dat | te: | | | | _ | | | |
| | | | | | | | | FC | R | OF | FIC | IAL | US | E (| ON | LY | | | | | | | | | | | | | | | |
| FIRST TIME RACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This box must be star have successfully con | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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CC / CHQ / P.O./ CASH €

MED DEC: YES / NO DOC CERT: YES / NO

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

| Com | petition Licence No.: | | | |
|--------|--|----------|--------|--|
| Nam | e: | | | |
| Date | of Birth:/ Gender: Male Female | e 🗆 | | |
| You | ur Doctor's name: | | | |
| Do | ctor's address: | | | |
| Do | ctor's phone number: | | | |
| 1. | Are corrective lenses (contact lenses or glasses) required for driving? | YES | NO | (If 'Yes', give details in the box provided) |
| 2. | Have you ever been refused life assurance for medical reasons? | YES | NO | (If 'Yes', give details in the box provided) |
| 3. | Have you been prescribed or are you taking any of the substances shown in the WADA (World Anti-Doping Agency) listings? | YES | NO | (If 'Yes', give details in the box provided) |
| 4. | Have you had any surgical procedures within the last 2 years? | YES | NO | (If 'Yes', give details in the box provided) |
| 5. | Do you suffer from any allergies for which you take medication or otherwise? | YES | NO | (If 'Yes', give details in the box provided) |
| 6. | Do you take, or have you ever taken, such drugs as opium, morphia, cocaine, heroin, cannabis etc.? | YES | NO | (If 'Yes', give details in the box provided) |
| If y | you tick 'YES' to any of questions below, it is necessary to provide MI with an | up to d | ate D | octor's Certificate |
| 7. | Do you have Diabetes which is treated with Insulin or sulfonylureas? If the answer is yes please ask your Doctor to fill in the 'Additional Comments' box on the Doctor's Certificate stating that your condition is well controlled by the prescribed medication and is under regular supervision. This comment has to be stamped by a Doctor or presented on an official letterhead. | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 8. | Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 9. | Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 10. | Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 11. | Have you ever had heart disease or a heart disorder? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 12. | Have you ever suffered from a psychiatric illness, a mental disorder (including treatment for depression) or any behavioural problem including ADHD? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 13. | Have you ever had a head injury with concussion or unconsciousness? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| 14. | Have you ever had dizziness, fainting fits, epilepsy or blackouts? | YES | NO | (If 'Yes', a Doctor's Cert. is required) |
| | If you ticked 'YES' to any of the above, please give detailed information in th necessary for you to provide a Doctor's Certificate from your General Practitioner or S 4 are ticked 'YES'. | | | |
| | ADDITIONAL DETAILS: | | | |
| | | | | |
| | | | | |
| | I hereby declare that the above statements are true and accurate and I give pe or medical practitioner to furnish information relating to my medical state | to Moto | orspor | |
| | ertake to advise Motorsport Ireland in writing without delay of any change in my stat | e of hea | alth. | |
| Appli | cant's signature: | Dat | te: | |
| Parei | nt's/Guardian's signature: | Dat | te: | |
| (If ag | ed 17 or under) | | | |

SECTION 4. DO YOU NEED A MEDICAL?

Applicants applying for International Licences:

A 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. A cardiovascular aptitude examination must be carried out every two years:

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

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

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

N.B. No ECG required.

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 are required to have your doctor complete section 5.

SECTION 5. DOCTOR'S CERTIFICATE

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

| To your doctor - <u>Please ensure that ALL</u> | questions have been answered. Note that ANY m | nissed or und | answer | ed questions |
|--|---|---------------|--------|--------------|
| will require further information to be sub | omitted by you. | | | |
| 1. Doctor's name and qualifications: | | | | |
| 1a. Doctor's Medical Council Registration No. 1b. Doctor's practice stamp: | umber (or for UK, General Medical Council) | | | |
| | Date of Birth: | | | |
| | Height (cm)/Weight (kg) | | | |
| | Blood Pressure Normal: | YES | / | NO |

| 1 | Are you the regular attendant of the applicant? | YES | NO | | | | | | |
|------|---|------|-----|--|--|--|--|--|--|
| 2 | Is there any abnormality of the heart or cardiovascular system? If 'Yes', give details below. | YES | NO | | | | | | |
| 3 | Has the applicant ever suffered from epilepsy, seizures or any other neurological condition? If 'Yes', give details below. | YES | NO | | | | | | |
| 4 | Does the <u>applicant</u> have any physical abnormality or restriction of movement in the arms or legs? If 'Yes', give details below? | YES | NO | | | | | | |
| Visi | Vision – To be recorded in metric Snellen acuity: | | | | | | | | |
| 5 | Uncorrected (without corrective lenses) | R / | L / | | | | | | |
| 6 | Corrected (wearing corrective lenses if necessary) | R / | L / | | | | | | |
| 7 | Is there any ocular history of visual field loss? If 'Yes', give details below. | YES | NO | | | | | | |
| 8 | Are there any abnormalities on the colour vision (Ishihara) test? If 'Yes', give details below. | YES | NO | | | | | | |
| 9 | Has the applicant been immunised against tetanus in the past 10 years? | YES | NO | | | | | | |
| 10 | Is there any evidence of a physical or mental condition in the applicant's medical history? If 'Yes', give details below | YES | NO | | | | | | |
| 11 | Does the applicant require special medical supervision? If 'Yes', give details below. | YES | NO | | | | | | |
| In v | iew of the above stated results of my examination, I recommend that: | | | | | | | | |
| 12 | The applicant is physically and mentally fit to drive in Race, Kart, Speed and Rally events. (If 'NO' please complete Q13) | YES | NO | | | | | | |
| 13 | I recommend that the applicant be reviewed by the Motorsport Ireland Medical Panel | YES | NO | | | | | | |
| | The questions below are for competitors applying for an International Licence C | NLY. | | | | | | | |
| | Depending on age, a 12 lead or Stress Test ECG must be carried out every two years | | | | | | | | |
| 14 | Date when the ECG was performed? (the ECG is valid for two years) | | | | | | | | |
| 15 | Is the 12 lead resting ECG normal? (for International licence applicants aged UNDER 45) | YES | NO | | | | | | |
| 16 | Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER) | YES | NO | | | | | | |

| | is the 12 lead restrict (is international inserted approaches about 10) | . = 0 | |
|------|--|-------|----|
| 16 | Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER) | YES | NO |
| | Doctor's comments: | | |
| Doct | cor's signature: Date of examination: | | |

SECTION 6. LICENCE(S) YOU NEED

- Licences expire on the 31st December of the year for which they are issued. A competitor may use a 2017 licence during December 2016
- 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. Non-members pay double the licence fee.
- If you do not hold an Irish passport you have to supply MI with proof of permanent residency within the ROI every year, e.g. a utility bill showing your name and full Irish address and authorisation is required from the governing body of Motorsport in your own country.
- Please remember that you cannot apply for an Entrant Licence or an International Navigator licence with this form. Please use the separate application forms available on the MI website.
- Applicants must complete an Introduction to Motorsport Course (IMC) prior to being issued with any of the following licences: Race Junior, Race National B, Stage Rally Junior, Stage Rally National B.
- A Junior Rally licence is for forest stage rally events only. The holder must be accompanied by a current licence holder of the appropriate grade who is currently registered on the IRDS database, who is over 23 years of age and who has completed 10 stage rallies.

Please tick <u>ONLY ONE</u> box ☑ to indicate the 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 | |

2017 LICENCE RENEWAL CATEGORIES Please indicate the licence/s you wish to apply for by ticking

✓ the appropriate boxes.

| LICENCE CATEGORY | CODE | FEE | ✓ | | | | | | |
|---------------------|-----------|------|---|--|--|--|--|--|--|
| Car and Kart Racing | | | | | | | | | |
| RACE | | | | | | | | | |
| International A | 001 | €210 | | | | | | | |
| International B | 002 | €175 | | | | | | | |
| International C | 003 | €140 | | | | | | | |
| National A | 004 | €115 | | | | | | | |
| National B (16+) | 005 | €110 | | | | | | | |
| Junior Race (14-16) | 178 | €55 | | | | | | | |
| Kart I | Racing ON | LY | | | | | | | |
| | KART | | | | | | | | |
| International A | 009 | €210 | | | | | | | |
| International B | 010 | €175 | | | | | | | |
| International C | 011 | €140 | | | | | | | |
| National B (16+) | 173 | €110 | | | | | | | |
| Junior Kart (12-16) | 007 | €55 | | | | | | | |
| Cadet Kart (8-12) | 008 | €55 | | | | | | | |

Notes:

- 1. A Junior SPEED Licence is not applicable for Hillclimb & Sprint Events.
- 2. Drivers in Rallies, Navigation, Endurance & Retrospective Trials or Multi Venue Autotests require IRDS Insurance.

| ncence/s you wish to upply joi | by ticking " | the uppro | priate boxe | | | | | | |
|--|--------------|-------------|-------------|--|--|--|--|--|--|
| LICENCE CATEGORY | CODE | FEE | ✓ | | | | | | |
| Navigation/Endurance/Retro | ospective (R | oad) Trials | & Special | | | | | | |
| Stage Rallies (Stage Rally) | | | | | | | | | |
| STAGE RALLY | | | | | | | | | |
| International See Note 2. | 012 | €140 | | | | | | | |
| National A See Note 2. | 013 | €115 | | | | | | | |
| National B (17+) See Note 2. | 014 | €110 | | | | | | | |
| Junior (16+) See notes above | 191 | €40 | | | | | | | |
| Navigator (16+) | 015 | €110 | | | | | | | |
| ROAD (for Navigation, Endurance & Retro Trials) | | | | | | | | | |
| National B (17+) See Note 2. | 039 | €110 | | | | | | | |
| Rallycross, Rallysprint, Sprint, Hillclimb & Autocross | | | | | | | | | |
| S | PEED | | | | | | | | |
| International | 016 | €140 | | | | | | | |
| National A | 017 | €115 | | | | | | | |
| National B (16+) | 018 | €110 | | | | | | | |
| Junior (14-16) See Note 1. | 046 | €55 | | | | | | | |
| Sporting/4x4/Production Vehicle Trials, Midget Car Racing, Autotest, Multi-Venue Autotests & Autosolos | | | | | | | | | |
| CLUBMAN | | | | | | | | | |
| National B (16+) See Note 2. | 019 | €110 | | | | | | | |
| Junior (14-16) | 020 | €55 | | | | | | | |
| | L | l | l | | | | | | |

ADDITIONAL FEES

| COVER NOTE | 021 | € 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. Please also include your |
| | | | current competition licence and the difference in the licence fees. |
| DUPLICATE | 102 | € 20.00 | This applies in cases of a licence replacement or if a new licence category is added |
| DOPLICATE | 103 | € 20.00 | during the competition year (requests will be accepted in writing only). |
| NON-MEMBER SUPPLEMENT | 023 | € | This applies if you are not a member of a club. The extra fee = licence fee. |

SECTION 7. PAYMENT OPTIONS

| *Cheque and Postal Orders are to be made payable to 'Motorsport Ireland'* Cheque / Postal Order / Cash / Debit or Credit Card (compete the section below | w) for the amount: € | | |
|--|----------------------|--------------|---------|
| Cardholder's Name: | Signature: | | |
| VISA or MASTER Card Number: | | Expiry Date: | CVV No. |
| | | | |