# APPLICATION FOR A MOTOR SPORTS ASSOCIATION COMPETITION LICENCE

Fill in this form to apply for, or renew, an MSA Competition Licence. You should read and understand the Competition Licence notes before filling in this form. If you have any questions, or need help filling in this form, please call our Licensing Department on 01753 765050. All calls to and from the MSA are recorded for training and monitoring purposes.

# Section 1 - Your details

| Please write clearly in BL  | .00   | :К С      | CAP   | PITA  | LS    |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
|---|---|-----------|-------|-------|-------|------|-------|------|-------|-------|------|-------|------|------|------|------|-----|-----|------|-----|-----|------|------|------|-----|-------|------|------|-----|---|---|---|---|---|---|---|
| Surname:  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| First name(s):  |   |           | Τ     |       | Τ     |      |       |      |       |       |      |       |      |      | Τ    |      | Τ   |     |      |     | Τ   |      | Т    |      | Τ   |       | Τ    |      | Т   | Т | Т | Τ | Τ | Τ | Т |   |
| Address:<br>(See note H5 and enclose proof of UK<br>residency if you do not hold a British  |   | $\square$ | 1     |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      | +   | Ţ   | Ţ    |      |      | T   |       | +    |      | +   | + | + | — | + | 1 |   |   |
| e.g. a utility bill showing name & UK<br>address)   |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     | Po    | osto | code | :   |   |   |   |   |   |   |   |
| Email address:  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Telephone Numbers: (Day):   |   |           | Τ     |       |       |      |       |      |       | (     | Eve  | e):   |      |      |      |      | Τ   |     | Τ    |     | Τ   | Τ    | ) (  | Mob  | ):  |       |      |      |     |   |   |   |   |   |   |   |
| Nationality:<br>(as shown on your passport) - see note<br>H5 if you do not hold a British Passport  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Gender:   |   |           |       | Ma    | ale:  |      |       |      |       |       |      |       |      | Fe   | ma   | le:  |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Nationality of any other<br>Competition Licence you hold:   | : [   |           |       |       |       |      |       |      |       | Ι     |      | Ι     |      | Ι    |      | Ι    |     |     |      |     |     |      | Ρ    | revi | ous | s Lio | cen  | ice  | No: |   | Ι | Ι | Ι |   |   |   |
| Section 2 - Your med  | dica  | al s      | elf   | de    | cla   | rati | on    |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   | — |
| Your doctor's name:   |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   | Τ |   |   |   |   |   |
| Address:  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Postcode: Phone number: Phone number:   |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| 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.       YES NO  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Have you been prescribed or are you taking any of the substances shown in the World Anti-Doning Agency listings?  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| (see H39 or www.wada-ama.org)   |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| Do you have a physical p  |   | -         |       | th. c | or pe | erm  | ane   | nt ( | diffi | cult  | tv i | n. เ  | ısir | na v | /ou  | r ar | m   | 5 0 | r le | gs  | for | dr   | ivir | ıq?  |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Do you have any congen  |   |           |       |       |       |      |       |      |       |       | -    |       |      |      |      |      |     |     |      | -   |     |      |      | 5    |     |       |      |      |     |   |   |   |   |   |   |   |
| Have you had any surgica  |   |           |       |       | -     |      | -     |      |       |       | -    |       |      |      |      |      |     |     |      |     | -   |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever been refus  | sed   | life      | ass   | sura  | nce   | for  | me    | dic  | al re | eas   | on   | s?    |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever had any d   | isea  | ase       | or d  | lisoı | der   | of   | the   | eye  | e otł | her   | tha  | an I  | nee  | edir | ng g | glas | sse | s c | or c | on  | tac | t le | ns   | es?  |     |       |      |      |     |   |   |   |   |   |   |   |
| Are corrective lenses (con  | ntac  | ct lei    | nse   | s or  | gla   | isse | es) r | eqı  | uire  | d fo  | or d | lrivi | ing  | ?    |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| B) Have you ever been treat   | ted   | for a     | a he  | eart  | dis   | eas  | e or  | а    | hea   | art c | disc | orde  | er?  |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever been treat  | ted   | for I     | high  | n blo | bod   | pre  | ssu   | re?  | •     |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever been treat  | ted t   | for o     | diab  | oete  | s?    |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever been treat  | ted   | for s     | seve  | ere   | gido  | dine | ss,   | fair | nting | g sj  | pel  | ls c  | or b | lac  | kοι  | uts? | >   |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| 2) Have you ever been treat   | ed f  | for e     | epile | epsy  | /?    |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| B) Have you ever been treat   | ) Have you ever been treated for seizures or any other neurological conditions? |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| ) Have you ever been treat  | ted   | for a     | a se  | ever  | e h   | ead  | inju  | ıry  | whi   | ch    | led  | to    | col  | ncu  | ssi  | on   | or  | un  | cor  | nsc | iou | sne  | ess  | ?    |     |       |      |      |     |   |   |   |   |   |   |   |
| Have you ever been treated for a psychiatric illness, mental disorder including treatment for depression or any behavioural problem including ADHD, Autism and Aspergers Syndrome?                                |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| If you have ticked 'Yes' to any of the above, please give detailed information in the box below.<br>It may be necessary for you to provide a written medical report from your General Practitioner or Specialist. |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |
| List the date and details of any medical issues or surgical procedures declared above. Also list the name of any medication/treatment you received or are receiving:  |   |           |       |       |       |      |       |      |       |       |      |       |      |      |      |      |     |     |      |     |     |      |      |      |     |       |      |      |     |   |   |   |   |   |   |   |

# Section 2 (Continued) - Do you need a medical?

### Applicants applying for International Licences:

Your previous medical date is valid for 12 months and can be used to apply for a renewal, providing 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 the 1st January 2018. 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 practice in the UK.

# Applicants aged 45 and over applying for National Race, Truck or Long Circuit Kart Licences:

Your previous medical date is valid for 12 months and can be used to apply for a renewal, providing 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 the 1st January 2018.

#### Applicants applying for National Race, Truck or Long Circuit Kart Licences aged 18 to 44 who HAVE provided a medical report before: You are not required to submit a new medical report from your doctor. Continue to Section 4.

Applicants applying for National Race, Truck or Long Circuit Kart Licences aged 18 and over who have NEVER provided a medical report before; You must have a medical examination and ask your doctor to complete Section 3 below.

#### Section 3 - Your doctor's medical report on you

To your doctor - Please read the enclosed Competition Licence Notes before carefully filling in this section for your patient, ensuring that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.

1. UK Registered Doctor's name, qualifications and GMC No.: .....

| 1a. | Doctor's practice stamp:  | 1b. Applicant                                    | 's FULL name                    | <b>.</b>      |             |                  |               |               |      |  |
|-----|---|--|---------------------------------|---------------|-------------|------------------|---------------|---------------|------|--|
|     |   |  |                                 | Date of bi    | rth:        | D/M              | M/            | ΥΥ            | ΥΥ   |  |
|     |   |  |                                 |               | н           | leight:          |               |               | (cm) |  |
|     |   |  |                                 |               | w           | eight:           |               |               | (kg) |  |
|     |   |  |                                 | E             | lood pre    | ssure:           |               | /             |      |  |
| 2.  | Are you the applicant's usual doctor?   |  |                                 |               |             |                  | Yes           | No            |      |  |
| 3.  | Is the 12 lead resting ECG normal? (Only to be completed if a   | ged UNDER 45 and ap                              | plying for an Int               | ernational li | cence)      | N/A              | ] Yes[        |               | 0 🗌  |  |
| a.  |   |  |                                 |               |             |                  |               |               |      |  |
|     | If the applicant is 45 or over and applying for an International licence, we need a written report on a stress-related ECG (see H11). |  |                                 |               |             |                  |               |               |      |  |
|     | The 'normal' answer to each question below is 'NO'. In Do   | respect of each 'YE<br>ctor's Comments Bo        |                                 | further det   | ails shou   | <u>ıld be pı</u> | <u>ovided</u> | <u>in the</u> |      |  |
| 4.  | Is there any evidence of abnormality of the heart or cardio   | ovascular system?                                | f 'Yes', give de                | etails below  | '.          |                  | Yes           | No            |      |  |
| 5.  | Is there any evidence of a physical or mental condition in  | the applicant's med                              | ical history?                   | If 'Yes', giv | /e details  | below.           | Yes           | No            | ם י  |  |
| 6.  | Has the applicant suffered from epilepsy, seizures or any   | other neurological o                             | onditions?                      | f 'Yes', give | e details b | elow.            | Yes           | No            | ם c  |  |
| 7.  | Does the applicant have any physical abnormality or restr<br>If 'Yes', give details below.  | riction of movement                              | in the arms o                   | r legs?       |             |                  | Yes           | <u> </u>      | D    |  |
| 8.  | Were any abnormalities found in the urine analysis? If 'Ye  | es', give details below                          |                                 |               |             |                  | Yes           | No            |      |  |
| 9.  | Vision – To be recorded in metric Snellen acuity:   |  |                                 |               |             |                  |               |               |      |  |
| a.  | Uncorrected (without corrective lenses)   |  |                                 | L eye         | 6 /         | R                | eye           | 6 /           |      |  |
| b.  | Corrected (wearing corrective lenses if necessary)  | rrected (wearing corrective lenses if necessary) |                                 |               |             |                  |               | 6 /           |      |  |
| c.  | Vision with both eyes open (wearing corrective lenses if neo  | cessary). See H10.1.1                            | 0(a)                            |               |             |                  |               | 6 /           |      |  |
| d.  | Are corrective lenses (glasses or contact lenses) required  | I for driving?                                   |                                 |               |             |                  | Yes           |               | ٥ 📃  |  |
| e.  | Is there any ocular history that suggests the possibility of  | f visual field loss?                             | f 'Yes', give de                | etails below  |             |                  | Yes           |               |      |  |
| f.  | Were there any abnormalities on the colour vision (Ishiha   | ra) test? If 'Yes', give                         | e details below                 | /. See H.10   | .1.10(f)    |                  | Yes           |               |      |  |
|     | If you have ticked 'YES' to any of the ques   | stions above, please                             | provide furth                   | er details    | in the bo   | <u>x below</u>   |               |               |      |  |
|     | Doctor's comments:  |  |                                 |               |             |                  |               |               |      |  |
|     |   |  |                                 |               |             |                  |               |               |      |  |
|     |   |  |                                 |               |             |                  |               |               |      |  |
|     |   |  |                                 |               |             |                  |               |               |      |  |
|     |   |  |                                 |               |             |                  |               |               |      |  |
| 10. | Please check your answers - Note that ANY unanswered  |  |                                 |               |             |                  |               |               |      |  |
|     | Sign below to certify that you have examined the applicant in <b>Your (doctor's) signature:</b>                                       |  | nd the enclose<br>Date of medic |               |             | ce notes         | -             |               |      |  |
|     |   |  |                                 |               |             |                  |               |               |      |  |
|     |   |  | DD,                             | /   M         | M   /       | /   Y            | Y             | Y             | Y    |  |

Please note: Your Competition Licence must be issued within 3 months of the date of having this medical examination. If your 2018 licence application is not submitted and processed within 3 months of the above date, the medical examination must be revalidated by the examining doctor.

# Section 4 - The Licence(s) you need

Tick the appropriate boxes to show the licence(s) you are applying for. Licences run from 1 January to 31 December of the year shown on the licence. You must enclose the appropriate licence fees, and any other costs, when you return this form.

- If you are applying for more than one licence using this application form, you must pay the full fee for 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.
- If you have no health or other problems, your licence will be processed within 15 working days. If you require your licence urgently and need it processed within three working days or three hours you must pay an express handling fee (see Step 2). Note that you must still allow for the delivery time of your licence.
- · If we need to post your licence to your address outside the UK but within Europe, you must pay a 'European postage' fee.
- If we need to post your licence to your address anywhere outside Europe, you must pay a 'Rest of the World' postage fee.
  If you do not hold a UK passport, you must obtain authorisation from your ASN. If you would like us to obtain foreign authorisation from your ASN on your behalf, you must pay the Foreign ASN Authorisation Fee and supply us with proof of permanent residency within the United Kingdom, e.g. a utility bill showing your name and full UK address.
- · First time applications for those under the age of 16, the cost of the very first licence will be free of charge. Applicants must be under 16 at the time of applying.

### Step 1

| Licence category  | 1       |                 | Fee              | Amount £             |  |  |  |  |  |
|---|---------|-----------------|------------------|----------------------|--|--|--|--|--|
| • Race (Section 3 may need to be  | e fille | d in, see       | H10.1.1)         |                      |  |  |  |  |  |
| Race International A  |         | LAA             | £1,124           |                      |  |  |  |  |  |
| (If you are renewing, enclose proof that you hav                                  | e com   | peted in at lea | ast one Internat | ional Race in 2017)  |  |  |  |  |  |
| Race International B  |         | LAB             | £405             |                      |  |  |  |  |  |
| (If you are renewing, enclose proof that you hav                                  | e com   |                 |                  | ional Race in 2017)  |  |  |  |  |  |
| Race International C  |         | LAC             | £208             |                      |  |  |  |  |  |
| Race International Truck C  |         | LAL             | £208             |                      |  |  |  |  |  |
| Race National Truck   |         | LAM             | £98              |                      |  |  |  |  |  |
| Race International D  |         | LAH             | £208             |                      |  |  |  |  |  |
| Race National A   |         | LAP             | £98              |                      |  |  |  |  |  |
| Race National B (Not EU)  |         | LAQ             | £62              |                      |  |  |  |  |  |
| Race National B<br>(Junior Race Championship ONLY)*                               |         | LARJ            | £62              |                      |  |  |  |  |  |
| • Kart (Section 3 may need to be filled in, see H10.1.1)                          |         |                 |                  |                      |  |  |  |  |  |
| Kart International A  |         | LKA             | £208             |                      |  |  |  |  |  |
| (If you are renewing, enclose proof that you have                                 | compet  |                 |                  | I Kart Race in 2017) |  |  |  |  |  |
| Kart International B  |         | LKB             | £180             |                      |  |  |  |  |  |
| (If you are renewing, enclose proof that you have                                 | compet  |                 |                  | I Kart Race in 2017) |  |  |  |  |  |
| Kart International C Senior   |         | LKG             | £126             |                      |  |  |  |  |  |
| Kart International C Restricted   |         | LKGR            | £126             |                      |  |  |  |  |  |
| Kart International C Junior   |         | LKGJ            | £126             |                      |  |  |  |  |  |
| Kart National A   |         | LKC             | £57              |                      |  |  |  |  |  |
| Kart National B (Not EU)  |         | LKD             | £37              |                      |  |  |  |  |  |
| Kart National B (Novice Not EU)   |         | LKN             | £37              |                      |  |  |  |  |  |
| Are you going to be competing in Long<br>events? (If yes, Section 3 may need to b |         |                 | Yes<br>10.1.1)   | No No                |  |  |  |  |  |
| Kart Clubman  |         |                 |                  |                      |  |  |  |  |  |
| Kart Clubman (Not EU)   |         | LKE             | £37              |                      |  |  |  |  |  |
| Kart Clubman (Bambino)  |         | LKEB            | £37              |                      |  |  |  |  |  |
| • Free of charge Licences (Unde   | er 16 i | first time a    | pplicants ON     | ILY)                 |  |  |  |  |  |
| Non-Race National B (Not EU)***   |         | LEAF            | Free of Charge   |                      |  |  |  |  |  |
| Non-Race Clubman (Not EU)   |         | LFAF            | Free of Charge   |                      |  |  |  |  |  |

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| Licence category   | $\checkmark$ |      | Fee            | Amount £ |  |  |  |  |
|--|--------------|------|----------------|----------|--|--|--|--|
| Kart Clubman (Not EU)  |              | LKEF | Free of Charge |          |  |  |  |  |
| Kart Clubman (Bambino)   |              | LKEE | Free of Charge |          |  |  |  |  |
| Speed  |              |      |                |          |  |  |  |  |
| Speed International R  |              | LBA  | £208           |          |  |  |  |  |
| Speed National A (Open)  |              | LBC  | £98            |          |  |  |  |  |
| Speed National A   |              | LBB  | £93            |          |  |  |  |  |
| Non-Race National B (Not EU)***                                    |              | LEA  | £45            |          |  |  |  |  |
| • Drag   |              |      |                |          |  |  |  |  |
| Drag International (Class 1)                                       |              | LBK  | £208           |          |  |  |  |  |
| Drag National A  |              | LBL  | £98            |          |  |  |  |  |
| Non-Race National B (Not EU)***                                    |              | LEA  | £45            |          |  |  |  |  |
| Rallycross   |              |      |                |          |  |  |  |  |
| Off Road International C   |              | LBO  | £208           |          |  |  |  |  |
| Non-Race National B (Not EU)***                                    |              | LEA  | £45            |          |  |  |  |  |
| Cross Country  |              |      |                |          |  |  |  |  |
| Cross Country International R                                      |              | LOA  | £208           |          |  |  |  |  |
| Cross Country National A   |              | LOB  | £98            |          |  |  |  |  |
| Non-Race National B (Not EU)***                                    |              | LEA  | £45            |          |  |  |  |  |
| Non-Race Clubman (Not EU)  |              | LFA  | £28            |          |  |  |  |  |
| Rally  |              |      |                |          |  |  |  |  |
| Rally International R  |              | LCA  | £208           |          |  |  |  |  |
| Rally International H<br>(Valid International Historic Rally ONLY) |              | LCH  | £208           |          |  |  |  |  |
| Rally National A Stage   |              | LCK  | £98            |          |  |  |  |  |
| Rally National A Navigator   |              | LCN  | £62            |          |  |  |  |  |
| Rally National B Stage (Not EU)                                    |              | LCR  | £62            |          |  |  |  |  |
| Rally National B Stage<br>(Junior Rally Championship ONLY)**       |              | LCRJ | £62            |          |  |  |  |  |
| Non-Race National B (Not EU)***                                    |              | LEA  | £45            |          |  |  |  |  |
| Non-Race Clubman (Not EU)  |              | LFA  | £28            |          |  |  |  |  |
| Step 1 total =   |              |      |                |          |  |  |  |  |

\*\* For Junior Rally Championship drivers ONLY \*\*\* Non-Race National 'B' can not be used as a driver on Stage Rallies \* For Junior Race Championship drivers ONLY

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### Step 2

Note that you MUST allow 15 working days for the processing of your licence(s). If you require your licence(s) urgently then you must express your application using either the 3 day or 3 hour Express Handling options below.

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|                                 |   |      | · · · · · |          |  |   |     |     |          |
|---------------------------------|---|------|-----------|----------|--|---|-----|-----|----------|
| Options and totals              | 1 |      | Fee       | Amount £ | Options and totals                                 | 1 |     | Fee | Amount £ |
| Express Handling (3 day)        |   | SAA  | £61       |          | European postage (Post to UK is<br>Free of Charge) |   | SSE | £12 |          |
| Express Handling (3 hours)      |   | SAA3 | £109      |          | Rest of the World postage                          |   | SSW | £28 |          |
| Professional Status Certificate |   | SAA1 | £60       |          | Foreign ASN Authorisation Fee                      |   | SSA | £46 |          |

| 240              | 004       |     | CC |  |  |  |  |  |
|------------------|-----------|-----|----|--|--|--|--|--|
| (if any) =       | p 2 total | Ste |    |  |  |  |  |  |
| + Step 1 total = |           |     |    |  |  |  |  |  |
| = TOTAL FEE      |           |     |    |  |  |  |  |  |

\_\_\_\_\_

| YOUR PAYMENT   |                         |
|--|-------------------------|
| l am paying by:  | Name on card            |
| - a cheque made payable to 'The MSA'                                       |                         |
| - a postal order made payable to 'The MSA'                                 | Cardholder's address:   |
| – a credit or debit card, and I have completed the section below $\square$ |                         |
| CARD DETAILS (Visa Electron and American Express cards are not accepted)   |                         |
| Type of card: VISA MasterCard  |                         |
| Amount to be paid  |                         |
|  | Cardholder's signature: |
| Expiry date: Card number:  |                         |
|  | Daytime phone number:   |

### Please turn over and sign and date the declaration in Section 5

### Section 5 - Checklist and declaration

To avoid any unnecessary delays in issuing your Competition Licence (which may result in your application being returned), please use the below checklist to ensure you have completed the application form correctly.

- I have entered all of my personal information in Section 1.
- I have completed Section 2 (This MUST be completed regardless of age whether a doctor's medical is required or not).
- My doctor has completed Section 3 (If applicable, see "Section 2 (Continued) Do you need a medical?")
- My doctor has provided any additional medical information you need and this is attached.
- I understand that I must allow 15 working days for the processing of my licence. If I require my licence urgently then I understand I must prioritise my application using an Express Handling service in Section 4 (Step 2).
- I have enclosed the correct payment: Cheque/Postal Order/Direct Bank Transfer or Credit/Debit card details in Section 4.
- I have signed and dated the declaration below. (My parent/guardian has also countersigned if I am under 18).
- I have attached a photograph with my name and date of birth on the reverse (if applicable, see below).
- 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 £46.00 Foreign ASN Authorisation Fee in Section 4 (Step 2) and I would like the MSA to request the authorisation on my behalf.

#### Please read the following statements and sign below, to confirm your understanding and acceptance.

- I understand and will comply with (follow) the 2018 Competition Licence notes enclosed with this form.
- 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 the MSA may take disciplinary action against me, which may lead to my
  licence being permanently withdrawn.
- I will not do anything that could damage the reputation of or have any negative effect on motor sport generally. I understand that if I do so, the MSA may take disciplinary action against me (see H6).
- I undertake to make no 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 H39 or www.wada-ama.org).
- I will not take part in any practice or competition while under the influence of drugs or alcohol.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct.
- I agree to the MSA'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. See H9.2 as it sets out your rights and the procedures for dealing with medical reports.
- I understand that if any medical conditions arise during the validity of my 2018 licence, including (but not limited to) accidents at motor sport events, I must inform the MSA Medical Administrator prior to competing in any further motor sport events.
- I understand the MSA needs to collect and process the personal information about me which is contained in this application in order to issue my licence and to perform its obligations under the General Regulations. I also understand the MSA would like to use such information for other purposes, as specified in its Data Protection Policy in force on 24.05.2018 but, before doing so, MSA will seek my consent in accordance with the Data Protection Policy, a copy of which can be found at www.msauk.org/data-protection. A hard copy is available on request.
- If applying for professional status, I confirm that for the last tax year prior to this application I declared earnings as a competitor in motor sport to Her Majesty's Revenue & Customs and I request that the MSA endorses my licence with the EU flag, in accordance with H26.2.
- 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 the MSA 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).

|  | Your Photo  |                            |
|--|---|----------------------------|
| SIGN HERE  | PLEASE FIRMLY<br>ATTACH A                                 |                            |
| If the applicant is aged 17 or under, the parent or<br>guardian must also sign below.<br>Parent or Guardian's Signature: | PHOTOGRAPH<br>HERE IF REQUIRED<br>(SEE BELOW).            | Date:                      |
| PARENT/GUARDIAN SIGN HERE<br>(if applicable)   | PLEASE PRINT<br>YOUR FULL NAME<br>AND<br>DATE OF BIRTH ON |                            |
| Parent or Guardian's relationship to Applicant:  | ITS REVERSE.  | Parent or Guardian's Name: |

If you have previously held a Competition Licence and have submitted a photograph on a previous application, this photo will appear on your 2018 Competition Licence card.

You are required to submit a passport sized photograph if you have never held a Competition Licence before, or the photo displayed on your previous Licence card does not resemble your current appearance. (See H 3.1.4)

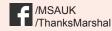
In the event of an accident, the Motor Sports Association may share your information with the FIA Motor Sport World Accident Database. To opt-in please tick here.

If you would like to receive information from carefully selected organisations and partners other than the Motor Sports Association and its member clubs, via postal or electronic means please tick here.

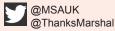
Now please return this form, your payment, and any additional information you have to provide to:

Licence Department, Motor Sports Association, Motor Sports House, Riverside Park, Colnbrook, SL3 0HG

Registered in England. Registered number 1344829



Tel: 01753 765 050 Web: www.msauk.org Fax: 01753 685 426



| Yes |     |  |
|-----|-----|--|
| Yes |     |  |
| Yes | N/A |  |
| Yes | N/A |  |
| Yes |     |  |
|     |     |  |
| Yes |     |  |
| Yes |     |  |
| Yes | N/A |  |
| Yes | N/A |  |