

# Application for Motor Sports Association Competition Licence 2006

**Express handling**  
For a 3 day response, please ✓  
this box and enclose  
an extra £35

Fill in this form to apply for or renew an MSA Competition Licence.

You should read and understand the enclosed notes before filling in this form. If you have any questions, or need help filling in this form, please phone our Competition Licence Section on 01753 765000.

If you are applying for both an entrant licence and a competition licence, please fill in two separate applications, one for the entrant licence and one for the competition licence.

**Please type your answers or write in BLOCK CAPITALS**

## Section 1 – Your details

Surname or entrant name:

First names:

Address and postcode  
(or your permanent UK  
address if you do not  
hold a UK passport – see  
competition licence note 2.5):  Postcode

Daytime phone number:  Evening phone number:

E-mail address:

Nationality (see note 2.5.2)  
(as shown on your passport)  Date of birth:

Are you: male?  female?

Nationality of any other  
competition licence you hold:  What year did you last hold an  
MSA Competition Licence?

## Section 2 – Medical information (to be completed by all competitors [excluding Entrant])

Your doctor's name:

Address, postcode  
and phone number:  Phone number

- Have you recently had a medical examination? Yes  No  (If 'No', we recommend you have one.)
- Have you been immunised against tetanus in the past 10 years? Yes  No  (If 'No', we recommend immunisation.)
- Have you been prescribed or are you taking any of the substances shown in the WADA listings (see 2.8.1 or www.wada-ama.org) Yes  No  (If 'Yes', see 2.8.2 and ask your Doctor to complete the Therapeutic Use Exemption form. see 2.8.6.1)
- Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Yes  No  (If 'Yes', give details below.)

Have you ever been treated for any of the following?

- a severe psychiatric illness or mental disorder Yes  No  – diabetes Yes  No
- heart disease or a heart disorder Yes  No  – severe giddiness, fainting spells or blackouts Yes  No
- high blood pressure Yes  No  – epilepsy Yes  No
- a severe head injury which led to concussion or unconsciousness Yes  No

If 'Yes', give details below (including details of medication and treatment you received or are receiving).

Have you ever had any disease or disorder of the eye other than needing glasses or contact lenses? Yes  No   
(If 'Yes', give details below.)

Have you ever been refused life assurance for medical reasons? Yes  No   
(If 'Yes', give details below.)

### Section 3 – Your doctor’s medical report on you

Are you:

- applying for an international licence? Yes  No
- aged 45 or more and applying for a race, truck or kart race licence? Yes  No
- over 18, applying for a race, truck or kart race licence (see note 2.9) and have never provided a medical report before? Yes  No

If you answered ‘No’ to all the above, go to Section 4 – Licences you need.

If you answered ‘Yes’ to any of the above, you must have a medical examination and ask your doctor to fill in this section.

(You must pay any fee charged for the medical examination and for filling in this form.)

#### To your doctor

Please read the enclosed competition licence notes before filling in this section for your patient whose name is on the front of this form.

**1. Your practice stamp** (together with your name and qualifications):

**2. Are you the applicant’s usual doctor?** Yes  No

**3. Is there any evidence of abnormality of the heart or cardiovascular system?** Yes  No

If ‘Yes’, give details below.

If the applicant is 45 or over and applying for an international licence, we need a written report on a stress-related ECG (see note 2.10).

**4. Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a competition licence for motor sport?** Yes  No

If ‘Yes’, give details below.

**5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs?** Yes  No

If ‘Yes’, give details below.

**6. Vision – Uncorrected** R eye  /  L eye  /   
**Corrected** R eye  /  L eye  /

**Corrected vision, with both eyes open** (wearing corrective lenses if necessary) (see note 2.9.6.4.):  /

**Field of vision:**

**Is the applicant’s colour vision normal?** Yes  No

If ‘No’, please give details below.

**7. Blood pressure:**  /

**8. Is the urine analysis normal?** Yes  No

If ‘No’, please give details below.

This is to certify that I have examined the applicant in line with this form and the enclosed notes.

**Your doctor’s signature:**

**Date of examination:**



## Section 5 – Checklist and declaration

By signing the declaration below you are giving us permission to get a medical report from your doctor (if we need one). We cannot process your application if you do not sign this declaration, so you must first read note 2.8.9 as it sets out your rights and the procedures for dealing with medical reports.

Please tick the appropriate boxes below.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| - I have filled in all the relevant parts of this form.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - My doctor has provided any additional medical information you need and this is attached.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - I have enclosed the correct payment or given my credit or debit card details.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - I have enclosed my previous licences (only if upgrading).  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| - I am also applying for the 'Professional' endorsement as referred to in 2.21.9 of the accompanying licence notes and am enclosing the required official documentation. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Now please read the following statements and sign below.

- I understand and will comply (follow) with the 2006 competition licence notes enclosed with this form.
- I understand that if I have given any false information in this application you may take disciplinary action against me. This might include 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, you may take disciplinary action against me (see note 2.6).
- 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 2.8.1. or [www.wada-ama.org](http://www.wada-ama.org)).
- I will not take part in any practice or competition while under the influence of drugs or alcohol.
- I agree to your Medical Consultant getting medical information about me from any doctor who has ever seen me about anything which affects my physical or mental health.
- I understand that you are registered under the Data Protection Act to hold information on your computer system.

Your signature:

Date:

If you are 17 or under, your parent or legal guardian must also sign below.

Parent's or guardian's name:

Signature:

Relationship to you:

Date:

If you do not want to receive information from organisations other than the Motor Sports Association please tick the box.

Now please return this form, your payment, and any information you have to provide, to us.

**The Royal Automobile Club Motor Sports Association Ltd**  
**Motor Sports House Riverside Park Colnbrook SL3 0HG**

Registered in England. Registered number 1344829

Web: [www.msauk.org](http://www.msauk.org)

