



MOTORSPORT IRELAND, 34 DAWSON STREET,  
DUBLIN 2

Tel.: 01-677 5628 Fax: 01-671 0793

E-mail: [licences@motorsportireland.com](mailto:licences@motorsportireland.com)

Website: [www.motorsportireland.com](http://www.motorsportireland.com)

**FORM  
L3**

**NAVIGATOR TO INTERNATIONAL RALLY LICENCE APPLICATION**  
**THE FORM MUST BE COMPLETED IN FULL**

**SECTION 1. YOUR DETAILS**

INT.NAVIGATOR'S LICENCE NO

NAME:

COMPETITION LICENCE NO.

For the purposes of competing as a Navigator in International Events outside the jurisdiction of Motorsport Ireland, I hereby apply to the Motor Sport Commission (MSC) for an "International" grade RALLY licence.

The event's I am entering are:

TITLE OF EVENT	DATE OF EVENT
AND/OR CHAMPIONSHIP I AM ENTERING	DATE

CURRENT FULL RTA LICENCE NO.:

EXPIRY DATE:

**SECTION 2. DECLARATION AND SIGNATURE/S**

- I have submitted a completed Medical to Motorsport Ireland in accordance with Art.6.5 of Appendix 1.
- I enclose one passport size photograph and a duplicate licence fee in the sum of €20.00.
- I understand that when issued with an International Rally Licence that I have not driven in the required number of events in order to permit me to hold such a licence (Ref: Appendix 1). In recognition of this fact, I agree not to drive a competing car on special stages in events using this licence and I understand that should I do so, I may be liable for the penalties laid out in GCRs 102 and 139.

**Applicant's signature:**

**Date:**

**SECTION 3. PAYMENT OPTIONS**

\*Cheque and Postal Orders are to be made payable to 'Motorsport Ireland'\*

Cheque / Postal Order / Cash / Debit or Credit Card (complete the section below) for the amount: € \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

VISA or MASTER Card Number:





Expiry Date:

CVV:

**SECTION 4. ANNUAL MEDICAL SELF DECLARATION MUST BE COMPLETED BY ALL COMPETITORS IN FULL**

Competition Licence No.: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male  Female 

<b>Your Doctor's name:</b>				
<b>Doctor's address:</b>				
<b>Doctor's phone number:</b>				
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)
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 <u>Doctor's Certificate</u> 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', give details in the box provided)
8.	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES	NO	(If 'Yes', give details in the box provided)
9.	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?	YES	NO	(If 'Yes', give details in the box provided)
10.	Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses?	YES	NO	(If 'Yes', give details in the box provided)
11.	Have you ever had heart disease or a heart disorder?	YES	NO	(If 'Yes', give details in the box provided)
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', give details in the box provided)
13.	Have you ever had a head injury with concussion or unconsciousness?	YES	NO	(If 'Yes', give details in the box provided)
14.	Have you ever had dizziness, fainting fits, epilepsy or blackouts?	YES	NO	(If 'Yes', give details in the box provided)

**If you ticked 'YES' to any of the above, please give detailed information in the box provided below.**

**ADDITIONAL DETAILS:**

**I hereby declare that the above statements are true and accurate and I give permission to any hospital or medical practitioner to furnish information relating to my medical state to Motorsport Ireland.**

**I undertake to advise Motorsport Ireland in writing without delay of any change in my state of health.**

Applicant's signature:

Date:

Parent's/Guardian's signature:

Date:

(If aged 17 or under)

**SECTION 5. 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;

**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 – Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.**

1. Doctor’s name and qualifications:.....

1a. Doctor’s Medical Council Registration Number (or for UK, General Medical Council)  
.....

1b. Doctor’s practice stamp:

1c. Applicant’s FULL name.....

<b>Date of Birth:</b>	
<b>Height (cm)/Weight (kg)</b>	

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 applicant have any physical abnormality or restriction of movement in the arms or legs? If ‘Yes’, give details below?	YES	NO
5	Is the patient’s blood pressure normal? If ‘No’, give details below?	YES	NO
<b>Vision – To be recorded in metric Snellen acuity:</b>			
6	Uncorrected (without corrective lenses)	R /	L /
7	Corrected (wearing corrective lenses if necessary)	R /	L /
8	Is there any ocular history of visual field loss? If ‘Yes’, give details below.	YES	NO
9	Are there any abnormalities on the colour vision (Ishihara) test? If ‘Yes’, give details below.	YES	NO
10	Has the applicant been immunised against tetanus in the past 10 years?	YES	NO
11	Is there any evidence of a physical or mental condition in the applicant’s medical history? If ‘Yes’, give details below	YES	NO
12	Does the applicant require special medical supervision? If ‘Yes’, give details below.	YES	NO
<b>In view of the above stated results of my examination, I recommend that:</b>			
13	The applicant is physically and mentally fit to drive in Race, Kart, Speed and Rally events. (If ‘NO’ please complete Q14)	YES	NO
14	I recommend that the applicant be reviewed by the Motorsport Ireland Medical Panel	YES	NO
<b><u>The questions below are for competitors applying for an International Licence ONLY. Depending on age, a 12 lead or Stress Test ECG must be carried out every two years</u></b>			
15	Date when the ECG was performed? (the ECG is valid for two years)		
16	Is the 12 lead resting ECG normal? (for International licence applicants aged UNDER 45)	YES	NO
17	Is the Stress Test ECG normal? (for International licence applicants aged 45 and OVER)	YES	NO

Doctor’s comments:

**Doctor’s signature:**

**Date of examination:**