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2019 IRDS APPLICATION FORM

FOR ALL MOTORSPORT IRELAND LICENCE HOLDERS INTENDING TO COMPETE IN STAGE RALLIES, MULTI-VENUE AUTOTESTS AND NAVIGATION / RETROSPECTIVE / ENDURANCE TRIALS IN THE REPUBLIC OF IRELAND

MI LICENCE NO.																												
NAME																												
DATE OF BIRTH			/			/																						
ADDRESS																												
PHONE																												
EMAIL																												
OCCUPATION																												

I AM A	**COMPETITOR**		**OFFICIAL**	

1	**How long have you held a full road licence? (Minimum requirement: 6 months)**			
YEARS:		**MONTHS:**		

If "YES" to any question, please give full details in box provided (Date / Circumstances / Type of Offence / Penalty)		**YES**	**NO**
2	**Have you ever been convicted of any offence with a motor vehicle or is any such prosecution pending?**		
3	**Have you been involved in any motor accident during the last 3 years?**		
4	**Have you ever suffered from defective vision or hearing, diabetes, fits, heart condition or any other physical or mental infirmity that is required to be reported to the Authorities in relation to holding a Driving Licence?**		
DETAILS:			

DECLARATION

I declare the above statement and details are true and complete to the best of my knowledge and belief, and that no material facts have been withheld, misrepresented or misstated. I agree that this proposal will form the basis of the Contract between the insurers and me. I undertake to advise the insurers of any material fact or change affecting the continuance of the insurance, and I am willing to accept insurance subject to the Terms, Exceptions and Conditions usually contained therein for this class of risk. I warrant that the vehicle insured is, and will be, maintained in accordance with the requirements of the Republic of Ireland Road Traffic Act. Underwriters reserve the right to charge higher premiums, impose terms or to decline any proposal submitted.

APPLICANT'S SIGNATURE	**DATE**