DATE RECEIVED



34 DAWSON STREET DUBLIN 2, D02 RF90

> TEL.: 01-677 5628 FAX: 01-671 0793

INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

# **2019 INTERNATIONAL NAVIGATOR FORM**

**SECTION 1: PERSONAL DETAILS** 

INTERNATIONAL NAVIGATOR LICENCE NUMBER																													
COMPETITION LICENCE NUMBER																													
SURNAME																													
FIRST NAME																													
DATE OF BIRTH / / /																													
ADDRESS																													
TOWN																													
COUNTY																													
EIRCODE																													
PHONE																													
* FULL RTA DRIVING LICENCE IS MANDATORY FOR DRIVERS IN STAGE RALLIES AND NAVIGATION / ENDURANCE / RETROSPECTIVE TRIALS *																													
VALID FULL RTA DRIVING LICENCE																													
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TITLE OF EVENT																	DATE OF EVENT												
TITLE OF EVENT																													
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BY ORDER OF THE FIA IN COMPETITION LICENCE													DE	CEM	BER	R OI	ILY	THE	REI	OR	E TH	HE A	\PP	LICA	NT'	S N	ATIC	ONA	AL
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APPLICANT'S SIGNA	APPLICANT'S SIGNATURE [OR] PARENT/GUARDIAN SIGNATURE (IF AGED 17 OR UNDER)																	DA	TE										

#### **SECTION 2: ANNUAL MEDICAL SELF DECLARATION**

#### THIS PAGE MUST BE COMPLETED BY ALL COMPETITORS IN FULL

NAME	
LICENCE NO.	
DATE OF BIRTH	
DOCTOR'S NAME	
DOCTOR'S ADDRESS	
DOCTOR'S PHONE	

	IF YOU ANSWER "YES" TO ANY QUESTION IN THIS SECTION, GIVE DETAILS IN THE BOX PROVIDED		
NO.	SECTION A	YES	NO
A1	Are corrective lenses (contact lenses or glasses) required for driving?		
A2	Have you ever been refused life assurance for medical reasons?		
А3	Have you had any surgical procedures within the last 2 years?		
A4	Do you suffer from any allergies for which you take medication or otherwise?		
A5	Have you ever taken any substance shown in the World Anti-Doping Agency listings? [See wada-ama.org]		

### **ADDITIONAL DETAILS:**

	IF YOU ANSWER "YES" TO ANY QUESTION IN THIS SECTION, A VALID DOCTOR'S CERTIFICATE IS REQUIRED	[P.3]	
NO.	SECTION B	YES	NO
B1	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided]		
B2	Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?		
В3	Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?		
В4	Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?		
В5	Have you ever had heart disease or a heart disorder?		
В6	Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)?		
В7	Have you ever had a head injury with concussion or unconsciousness?		
В8	Have you ever had dizziness, fainting fits, epilepsy or blackouts?		

## **DECLARATION**

I hereby declare that all above and previous 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. I hereby apply for registration for the year 2019/2020 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 an Irish National and I do not hold a current Competition Licence from any other ASN. I hold an Irish passport or I will supply proof of permanent residency within the ROI every year. I agree to abide by the guidelines and regulations contained in Motorsport Ireland's General Code of Conduct, the Code of Conduct for Children's Sport and Motorsport Ireland's Social Media Policy.

DATE

## **SECTION 3: DOCTOR'S CERTIFICATE**

# THIS PAGE IS REQUIRED ONLY IN THE FOLLOWING CIRCUMSTANCES:

ALL INTERNATIONAL LICENCES (VALID JAN-DEC ONLY)

- UNDER 45 YEARS OLD: MUST UNDERTAKE 12-LEAD ECG AND HAVE DOCTOR ANSWER QUESTIONS D1/D2
- OVER 45 YEARS OLD: MUST PROVIDE CARDIOLOGIST CLEARANCE FORM

IF YOU ARE A RACE / STAGE RALLY / SPEED / KART/ MIDGET CAR APPLICANT WHO HAS NOT SUPPLIED A DOCTOR'S CERT BEFORE

ALL COMPETITORS AGED OVER 45 YEARS OLD WHO WISH TO ENTER A RACE, STAGE RALLY, SPEED, KART OR MIDGET CAR EVENT

IF YOU HAVE ANSWERED "YES" TO ANY QUESTION IN SECTION B ON P.2

#### THIS PAGE MUST ONLY BE COMPLETED BY YOUR DOCTOR

APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH											
DOCTOR'S NAME												
DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)												
DATE OF EXAMINATION												
DOCTOR'S PRACTICE STAMP	DOCTOR'S SIGNATURE											

NO.	QUESTION [IF YES, TO ANY QUESTION	EXCEPT C1, PLEASE	PROVIDE DETAILS ON A DOCTOR'S LETTER]	YES	NO							
C1	Are you the regular attendant of the applicant	t?										
C2	Is there any abnormality of the heart or cardio	ovascular system?										
С3	Has the applicant ever suffered from any neur	ological condition?										
C4	Is there any physical abnormality or restriction	n of movement in the	e arms or legs?									
<b>C5</b>	Does the patient show signs of abnormal blood pressure?											
	Please record vision in metric Snellen acuity below.											
Cb	Uncorrected left / right: / Corrected left / right:											
С7	Is there any ocular history of visual field loss?											
C8	Are there any abnormalities on the colour vision	on (Ishihara) test?										
С9	Has the applicant been immunised against tet	anus in the past 10 y	ears?									
C10	Is there any evidence of a physical or mental c	ondition in the appli	cant's history?									
C11	Does the applicant require special medical sup	pervision?										
C12	Is there a medical reason that the applicant sh	ould not compete in	motorsport?									
C13	Do you recommend that the Motorsport Irela	nd medical panel rev	iew this applicant?									

NO.	ECG FOR INTERNATIONAL APPLICANTS [UNDER 45 YEARS OLD]										
D1	s there any problem indicated by the 12 lead resting ECG?										
D2	Date when the ECG was performed (the ECG is valid for two years):										

# **CARDIOLOGIST CLEARANCE FORM**

# THIS PAGE IS REQUIRED ONLY IN THE FOLLOWING CIRCUMSTANCES:

IF YOU ARE OVER 45 YEARS OLD AND WISH TO APPLY FOR AN INTERNATIONAL LICENCE. IF YOU ARE UNDER 45 YEARS OLD, PLEASE HAVE YOUR DOCTOR COMPLETE QUESTIONS D1 / D2 IN SECTION 3.

IF THE MEDICAL ADVISORY BOARD HAS ASKED FOR THIS DOCUMENT

THIS PAGE MUST ONLY BE CO	OMPLETED BY YOUR DOCTOR											
APPLICANT'S NAME	APPLICANT'S DATE OF BIRTH											
DOCTOR'S NAME												
DOCTOR'S MEDICAL COUNCIL REGISTRATION NUMBER (OR GENERAL MEDICAL COUNCIL FOR UK)												
DATE OF EXAMINATION												
DOCTOR'S PRACTICE STAMP	DOCTOR'S SIGNATURE											

NO.	QUESTION	YES	NO
E1	Was a 12-lead ECG performed?		
E2	Was a stress ECG performed?		
E3	Does the patient have any history of medical issues that may prevent them from operating a vehicle?		
E4	Is there any reason for the patient to require a follow-up examination in less than the two-year validity of this form?		
E5	Is there a medical reason that the applicant should not compete in motorsport?		
E6	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

ANY OTHER NOTES:



# NOMINATE SOMEONE YOU CARE ABOUT TO BECOME AN MI-MEMBER!

MI-membership is a new initiative from Motorsport Ireland that will offer consumer benefits to the wider motorsport community.

Think of all the people who have supported your passion and helped you to compete; now you can give them something back!

For just €10 per person you can nominate two of those people to become the very first group of MI-members. As a 2019 Motorsport Ireland licence holder, you will automatically become a member for free.

\*PLEASE NOTE: THIS IS SEPARATE FROM MEMBERSHIP TO AN MI AFFILIATED CLUB,
WHICH IS STILL REQUIRED FOR YOUR LICENCE APPLICATION.\*

For more details, participating outlets and additional membership forms, please visit motorsportireland.com/membership

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# **2019/2020 PAYMENT FORM**

**SECTION 1: PERSONAL DETAILS** 

SURNAME																														
FIRST NAME																														
DATE OF BIRTH			/			/																								
MI LICENCE NU	MBI	ER																												
								SE	СТІ	ON	N 2:	MI	MEI	MBI	ERS	HIP	1													
I WOULD LIKE TO APPLY FOR 2019 MI MEMBERSHIP																														
I WOULD ALSO LIKE TO INCLUDE THE FOLLOWING PEOPLE AS 2019 MI MEMBERS																														
NA	ME										١	EM/	۱IL					PHONE												
								SEC	CTIC	N	3: P	AYI	ΜEN	IT C	PTI	ION	IS													
	_				CAR	D NU	MBE	R			•								EXPIRY CVV											
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EXACT NAME ON CA	ARD:																													
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SIGNATU	URE:																													

IN ACCORDANCE WITH 2018 GDPR GUIDELINES, THIS PAGE WILL BE DESTROYED ONCE PAYMENT HAS BEEN COMPLETED.

ANY SUBSEQUENT CHARGES TO YOUR ACCOUNT WILL REQUIRE FURTHER AUTHORISATION.