CLUB STAMP

RACE/RALLY SCHOOL STAMP GOES HERE TO SHOW TRAINING HAS BEEN COMPLETED



34 DAWSON STREET DUBLIN 2, D02 RF90 TEL.: 01-677 5628 FAX: 01-671 0793 INFO@MOTORSPORTIRELAND.COM MOTORSPORTIRELAND.COM

2022 FIA INTERNATIONAL LICENCE RENEWAL FORM

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COMPETITION LICENCE NUMBER:								DATE OF PROPOSED FIRST EVENT:																	
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SURNAME																									
FIRST NAME																									
DATE OF BIRTH		-		-																					
NATIONALITY																									
ADDRESS																									
TOWN																									
COUNTY																									
EIRCODE																									
TEL. HOME																									
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including ne	ws, u	pdate	es, e	xclusi	ive o	ffe	rs &	re	nev	val r	emi	nde	rs. If	you	do ı	not	do s	so, ۱	we d	can	not	em	ail y	ou.	
 I hereby apply for registered, to subre Regulations of Mostrom time to time to the I have read and use National and I do permanent resides I hereby agree to of Conduct for Child Your Signature: 	mit to a storspood of Motorston of hold not hold abide I ildren's	and b ort Irel orspo bod th ld a c thin th by the s Spo	e bou land, ort Ire ne ter urrer ne R(e guid ort and	und by the Iri- eland. rms of nt Com OI eve delines d Moto	the sh A issumpetitery years and orspo	Inte nti-E e ar tion ear d reg	rnat Dopi nd I Lice gulat elan	iona ing f am ence tions id's	a pe e fro s co	es ar erma m ar entair	ng C anen ny of ned i	t resi ther A	of the gulation dent ASN. otorspicy.	of the loort li	and supp e Re d an	the leme pub Irish d's	Gerenta	nera iry t if Ire sspo eral	l Co here land ort o	ompeto a l and r I w	etition as m d/or vill su	on F nay b I am uppl	Rules be in n an ly pr	s and npos Irish oof d	d sed n of
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OTHER

CC/CHQ/PO/CASH

SECTION 2: ANNUAL MEDICAL SELF DECLARATION

ANY MISSED LINES/QUESTIONS WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION

	DOCTOR'S NAME		
DO	OCTOR'S ADDRESS		
I	DOCTOR'S PHONE		
NO.	CATEGORY 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]		
	IF YOU ANSWERED "YES" TO ANY QUESTION IN CATEGORY A, GIVE DETAILS IN THE BOX BELOW		
NO.	CATEGORY B	YES	NO
NO. B1	CATEGORY B Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided]	YES	NO
		YES	NO
B1	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided]	YES	NO
B1 B2	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES	NO
B1 B2 B3	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability?	YES	NO
B1 B2 B3 B4	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses?	YES	NO
B1 B2 B3 B4 B5	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder?	YES	NO
B1 B2 B3 B4 B5 B6	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)?	YES	NO
B1 B2 B3 B4 B5 B6 B7	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)? Have you ever had a head injury with concussion or unconsciousness? Have you ever had dizziness, fainting fits, epilepsy, or blackouts?	YES	NO
B1 B2 B3 B4 B5 B6 B7 B8	Do you have diabetes? [If yes, please ask your doctor to provide details in the box provided] Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Do you have any congenital abnormality of any limbs, or an amputation, or any other disability? Have you ever had any disease or disorder of the eyes other than glasses or contact lenses? Have you ever had heart disease or a heart disorder? Have you ever suffered from a psychiatric illness, mental disorder or behavioural issue (including ADHD/depression)? Have you ever had a head injury with concussion or unconsciousness?	practiti	ioner
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SECTION 3: DOCTOR'S CERTIFICATE

FOR DOCTOR'S USE ONLY

APPLICANT'S NAME		APPLICANT'S DATE OF BIRTH	
DOCTOR'S NAME			
DOCTOR'S MEDICAL COUNCIL	REGISTRATION NUMBER (OR GE	NERAL MEDICAL COUNCIL FOR	UK)
DATE OF EXAMINATION		DOCTOR'S SIGNATURE	
(MUST BE WITHIN 3 MONTHS PRIC	R TO APPLICATION)	DOCTOR 3 SIGNATURE	
DOCTOR'S PRACTICE STAMP		DOCTOR'S COMMENTS	
HEIGHT:		WEIGHT:	
PLEASE RECORD VISION IN N	AFTRIC SNELLEN ACUITY (CORRI	FCTFD AND UNCORRECTED)	

NO.	[IF YES, TO ANY QUESTION EXCEPT C1 OR C8, PLEASE PROVIDE DETAILS IN COMMENT BOX ABOVE]	YES	NO
C1	Are you the regular attendant of the applicant?		
C2	Is there any abnormality of the heart or cardiovascular system?		
С3	Has the applicant ever suffered from any neurological condition?		
C4	Is there any physical abnormality or restriction of movement in the arms or legs?		
C5	Does the patient show signs of abnormal blood pressure?		
C6	Is there any ocular history of visual field loss?		
C7	Are there any abnormalities on the colour vision (Ishihara) test?		
C8	Has the applicant been immunised against tetanus in the past 10 years?		
С9	Is there any evidence of a physical or mental condition in the applicant's history?		
C10	Does the applicant require special medical supervision?		
C11	Is there a medical reason that the applicant should not compete in motorsport?		
C12	Do you recommend that the Motorsport Ireland medical panel review this applicant?		

SECTION 4: ECG FOR COMPETITORS UNDER 45 YEARS OLD

IF YOU ARE AGED UNDER 45 YEARS OLD, HAVE YOUR DOCTOR/GP COMPLETE THIS SECTION
IF YOU ARE AGED 45 YEARS OR OLDER, PLEASE SKIP TO SECTION 5
THIS SECTION IS REQUIRED EVERY SECOND CALENDAR YEAR

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

SECTION 5: CARDIOLOGIST CLEARANCE FORM

THIS PAGE MUST ONLY BE COMPLETED BY A REGISTERED CARDIOLOGIST THIS PAGE IS ONLY REQUIRED IF YOU ARE AGED 45 YEARS OR OLDER

	THIS PAGE IS ONLY REQUIRED IF YOU ARE AGED 45 YEARS OR OLDER								
APPL	ICANT'S NAME	APPLICANT'S DATE OF BIRTH							
CARD	PIOLOGIST'S NAME								
CARL	NOLOGIST S NAIVIE								
CARD	IOLOGIST'S MEDICAL COUNCIL REGISTRATION NUMBER	(OR GENERAL MEDICAL COUNCIL FOR UK)							
DATE	OF EXAMINATION								
01.55									
CARD	OLOGIST'S PRACTICE STAMP	CARDIOLOGIST'S SIGNATURE							
NO.	QUESTIC	ON	YES	NO					
		<u> </u>							
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 p	prevent them from operating a vehicle?							
E4	Is there any reason for the patient to require a follow-up exam	nination in less than the three-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 OTH	ER NOTES:							

	ANY OTHER NOTES:
,	ANY OTHER NOTES.

SECTION 6: LICENCE OPTIONS

IF YOU ARE UNSURE WHICH LICENCE GRADE YOU NEED, PLEASE CONSULT YOUR CHAMPIONSHIP REGULATIONS, FIA INTERNATIONAL SPORTING CODE APPENDIX L, AND/OR THE MOTORSPORT IRELAND OFFICE

ALL FIA INTERNATIONAL LICENCES ARE PRICED €275 AND EXPIRE ON 31 DECEMBER OF THE YEAR WHICH THEY ARE ISSUED

FIRST TIME INTERNATIONAL LICENCE APPLICANTS MUST CONTACT THE OFFICE FOR ACCESS TO ONLINE TRAINING

			CIRCUIT	
х	TITLE	CODE	DISCIPLINE	WEIGHT/POWER RATIO
	INTERNATIONAL A	ITA	Single seaters Prototypes	W/P 0 < 1 KG/HP
			Single seaters	
	INTERNATIONAL B	ІТВ	Prototypes	W/P 1 < 2 KG/HP
			GTs	
			Touring cars	
			Single seaters	_
			Prototypes	W/P 2 < 3 KG/HP
			GTs	_
	INTERNATIONAL C	ITC-C	Touring cars Trucks 1	
			Autocross Super Buggy	_
			Rallycross Supercar	N/A
			HF1/Indy (G), HF2 (H), HF5000, HFA, HGC, CanAm	_
			Single seaters	
			Prototypes	
			GTs	-
			Touring cars	W/P 3 < KG/HP
	INTERNATIONAL D	ITD-C	Trucks 2	
			Drift D1	
			Autocross (Except Super Buggy)	
			Rallycross (Except Supercar)	N/A
			HF1/Indy (G), HF2 (H), HF5000, HFA, HGC, CanAm	
			Karting Senior	N/A
	INTERNATIONAL E	ITE	Autocross – XC Senior	·
			Rallycross Junior	W/P 5 < KG/HP
	INTERNATIONAL F	ITF	Karting Senior – Restricted	N/A
			Autocross – XC Junior	,
	INTERNATIONAL G	ITG	Karting Junior	N/A
			Autocross – XC Junior	,

	ROAD						
х	TITLE	CODE	DISCIPLINE	WEIGHT/POWER RATIO			
			Rally1, Rally2, RGT	W/D 2 4 5 KG/UD			
	INTERNATIONAL C	ITC-R	Cross Country (T1)	W/P 3 < 5 KG/HP			
			Hill Climb (CN/D, E2 CATII)	N/A			
		ITD-R	Rally3, Rally4, Rally5	W/P 5 < KG/HP			
			Cross Country (Except T1)	W/P3 < KG/HP			
	INTERNATIONAL D		Hill Climb (except CN/D, E2 CATII)				
			Historic Speed Rally	N/A			
			Historic Hillclimb				

ADDITIONAL CHARGES						
NON-MEMBER	€275	Non-member fees must be paid if you are not a member of an M.I. affiliated club.				
PRIORITY FEE	€100	MI Membership is a separate entity to MI affiliated clubs and is not valid as a club stamp.				
SAME-DAY FEE	€200	Priority fees apply to late applications which need to be processed within three days. Same-day fees ensure same-day processing.				
DUPLICATE	€40	An upgrade fee must be paid when supplying event finishes.				
UPGRADE	€30	Duplicate licence fees must be paid in the case of lost licence cards.				

DATE RECEIVED



34 DAWSON STREET
DUBLIN 2, D02 RF90
TEL.: 01-677 5628
FAX: 01-671 0793

INFO@MOTORSPORTIRELAND.COM
MOTORSPORTIRELAND.COM

2022 PAYMENT FORM

SECTION 1: PERSONAL DETAILS

SECTION 1. I ENSONAL DETAILS	
SURNAME	
FIRST NAME	
DATE OF BIRTH	
MI LICENCE NUMBER	
CECTION 2. DAVAGENT OPTIONS	
SECTION 2: PAYMENT OPTIONS	
CARD NUMBER EXPIRY CV	/
EXACT NAME ON CARD:	
I authorise Motorsport Ireland to deduct the cost of any product / licence / service selected on this or any accompanying form or document which I have provided including relevant and specified additional costs. Alternatively, I have provided the correct value in the form of cheque/cash/postal order and attached it to this form.	ng all
SIGNATURE:	

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.