

MotorSport New Zealand P O Box 133, Paraparaumu 5254 102a Kapiti Road, Paraparaumu 5032 +64 4 815 8015 www.motorsport.org.nz licence@motorsport.org.nz



## **COMPETITION LICENCE APPLICATION FORM – NATIONAL**

First Name/s:				Please tick the	Grade of Lice	nce you are:
nist Nulleys.	(This will print on your card			🗆 M Grade	🗆 C Grade	🗆 R Grade
Known As:	in place of your first name)			[	🗆 C & R Grade	
Surname:				-	es are availab ual Handling fee ap	
Date of Birth:				Wund	uui Hununing jee up	pnes
Ethnicity/Gender:				Physical Licence	e Card	(Additional Fee will apply)
	Male / Female (Circle One)			Priority Applica	tion (	50% of licence fee)
Country of Citizenship:				Non-Production	n of Licence (Re	efer Below)
Address Details:		•		irst-time Junior I		
Standard: NZ Post			plea: Junio		3- Competition	Licence Application-
Priority: Physical Address		•			d convico is 2-5	working days for
Home Phone:		•	<ul> <li>Standard turn around service is 3-5 working days for online applications- if your application requires follow</li> </ul>			
Work Phone:				r has been subm y in the processi		y there may some
Mobile Number:		•	For a	Il licences a pass	sport style pho	oto is required.
Nobile Number.			Potu	rn this form and	any other day	sumantation to
Email Address:		•		ce@motorsport		
Next of Kin/Relationship:						
Next of Kin Contact No:				Non- Prod	uction of Lice	nce:
MSNZ Licence Number:				r NSC Part IV- Lic se MSNZ of even		
WISINZ LICENCE NUMBER:	(if previous held)					
MSNZ Member Club:		Pe	rmit #:	·		
Membership Number:	(if applicable)	01	ganisir	ng Club:		
Membership Expiry Date:		U	Barrisli	ig club		

## DECLARATION BY APPLICANT AND PRIVACY ACT CONSENT

I undertake to be bound by the National Sporting Code of MotorSport New Zealand Inc and the International Sporting Code of the FIA. I certify that the information contained on this form is, to the best of my knowledge and belief, true, complete, and correct in every particular. I consent to the collection of the details on this licence application form by MotorSport New Zealand Inc for licence registration and statistical purposes and for it to retain, use and disclose these only in accordance with MotorSport New Zealand's National Sporting Code and its appendices as prescribed and amended from time to time. I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 2020.

I CERTIFY that the statements made by me regarding my psychological condition and any previous illness are true and accurate. I AUTHORISE any hospital or medical practitioner to furnish information relative to my medical condition to MotorSport New Zealand and its Medical Assessor. I UNDERTAKE not to use any banned drug or substance that is listed from time to time in Appendix One of the MotorSport New Zealand National Sporting Code

	Signature of Applicant:		Date:	
This <ul> <li>If yo</li> <li>For I</li> <li>For a</li> </ul>	is is a new application, or your previously issued licence test signed off by a MSNZ Licence Examiner needs to a ur application is an upgrade the fee may be pro-rated of International applications please refer to form L001C- C applicants born overseas MotorSport NZ is required by se provide a copy of your Visa, NZ Passport if now a citi	ccompany the application. lependant on the time of year t ompetition Licence Form- Inter the FIA to obtain a clearance f	the application is submitted. mational. rom the Motorsport authority (ASN) (	
Card No Name on (	(	-	- Expires	
Signed			Date	
	A Transaction Fee	will apply GST Number # 1	10-062-349	

## Medical Declaration of C and/or R Grade Licence Application for:

Please note that this information may be provided to the MotorSport Medical Assessor. If it is deemed a medical review is required, you will be contacted directly with the information and/or forms required to be completed by your doctor or specialist. Motorsport Manual- Schedule L- Article 2.2 This page is not appliable to M Grade licence applications.

Have you ever been rejected or accepted for an increased premium for life insurance on medical grounds? Yes / No

If yes to the above question, please advise why:

Have you ever had, or do you now have any of the following?

- □ Nervous breakdown, mental disease or disorder
- Heart disease or disorder
- □ High blood pressure
- Diabetes
- Deafness
- Dizziness, fainting spells, epilepsy, fits or blackouts
- Any illness or medical information not stated above
- □ I have not suffered from any of the above medical conditions or situations

If yes to any of the medical questions above, please provide details below including any medications or treatments:

Are you receiving medical treatment now not included in the above questions? If Yes, please provide further details:

Are you required to wear glasses/contact lenses for driving?	Yes /	No
Do you have any eyesight abnormalities that we should be aware of?	Yes /	No

If you have supporting documentation regarding your medical condition, please include this with your application.

## Colour Test

This is to be completed for <u>new applications only (not renewals)</u> and can be signed off by a MSNZ Licence Examiner, a Registered Doctor or Optometrist.

□ Satisfied that they have no abnormalities with identifying the flag signal colours or colours associated with race/rally flags/signs

□ have detected the following deficiency:

Sigr	ature:
	acarcı

Date:

□ I am a MSNZ Licence Examiner

□ I am a Registered Doctor or Optometrist at:

Please also include your stamp in the space below