



COMPETITION LICENCE APPLICATION FORM – JUNIOR (NEW)

First Name/s: _____
(This will print on your card in place of your first name)

Known As: _____

Surname: _____

Date of Birth: _____

Ethnicity: _____

Country of Citizenship: _____

Address Details: _____
Standard: NZ Post
Priority: Physical Address

Home Phone: _____

Work Phone: _____

Mobile Number: _____

Email Address: _____

Next of Kin/Relationship: _____

Next of Kin Contact No: _____

MSNZ Licence Number: _____ (if previous held)

MSNZ Member Club: _____

Membership Number: _____ (if applicable)

Membership Expiry Date: _____

<input type="checkbox"/> M Grade (ClubSport)	\$92.00
<input type="checkbox"/> C Grade only (Race)	\$165.00
<input type="checkbox"/> R Grade- Navigator only (Rally)	\$165.00
<input type="checkbox"/> C Grade & R Grade (Race & Rally)	\$165.00
<input type="checkbox"/> Priority Application (50% of Sch B licence fee)	

- This is for first time applications for Junior Drivers (12-16yrs)- if this is a renewal please complete L001- Competition Licence Form- National.
- It is recommended to submit this application via MotorSport Online
<http://online.motorsport.org.nz/>
- The fee's noted on this form include a \$15.00 manual handling fee. This fee is not charged for applications submitted via MotorSport Online. This also includes the \$45 fee for the C and R Junior Medical Card. All fees shown are inclusive of GST.
- Standard turn around service is 3-5 working days for online applications- if your application requires follow up or has been submitted manually there may some delay in the processing time
- For all licences a passport style photo is required. This can be emailed to licence@motorsport.org.nz or uploaded in your MotorSport Online- Profile.

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:** _____

- If this is a new application, or your previously issued licence has been expired for more than two years, the passing of the appropriate exam is required. This test signed off by a MSNZ Licence Examiner needs to accompany the application.
- If your application is an upgrade the fee may be pro-rated dependant on the time of year the application is submitted.
- For Junior Driver renewal applications please refer to L001A- Competition Licence Form- National.
- For International applications please refer to form L001C- Competition Licence Form- International.
- For applicants born overseas MotorSport NZ is required by the FIA to obtain a clearance from the Motorsport authority (ASN) of their country of origin. Please provide a copy of your Visa, NZ Passport if now a citizen or contact the MotorSport NZ Office directly.

Card No	_____ - _____ - _____	Expires	_____
Name on Card	_____		
Signed	_____	Date	_____
A 2.5% surcharge applies to all credit card payments GST Number # 10-062-349			
<input type="checkbox"/> Bank Account: ASB Bank 12-3192-0017344-00	<input type="checkbox"/> Paid via MotorSport Online Application	<i>We do not accept cash or cheques</i>	

Junior Driver – Indemnity & Medical 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 (Medical Scope) and Article 3 (Minimum age of Competitors)

The following indemnity must be completed by the parent or legal guardian of all applicants under 16 years of age when applying for their **first** competition licence (if this is a renewal application this is not required):

Full name of Parent, Legal Guardian or other indemnifier:

DO HEREBY AGREE to save harmless and keep indemnified MotorSport New Zealand (Inc), its affiliated Clubs and their respective officials, servants, representatives and agents from and against all losses actions claims expenses and demands.

- (a) Arising out of the failure of the Applicant to observe the International Sporting Code of the FIA or the National Sporting Code of MotorSport New Zealand (Inc) or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.
- (b) In respect of death, injury, loss of or damage to the person or property of the Applicant, his drivers passengers or mechanics or the owner of the car being driven or operated by him or them or of any person whatsoever howsoever caused arising out of or in the connection with the entry of the Applicant or his taking part in any motor sports meeting for which the licence will be required notwithstanding that the negligence of MotorSport New Zealand Inc or one of its affiliated Clubs or their respective officials servants representatives or agents or any other person **AND I acknowledge** that this undertaking is given for valuable consideration and is by way of indemnity and not by way of guarantee **AND I AGREE** that this indemnity will continue in force until the above named applicant reaches the age of 16 years of age or this indemnity is withdrawn by me in writing to MotorSport New Zealand (Inc).

I CONSENT to the collection of the details on this 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 the current rules and regulations of MotorSport New Zealand.

I ACKNOWLEDGE my right to access and correction of this information.

This consent is given in accordance with the Privacy Act 1993.

Signature: _____ **Date:** _____

Fitness Appraisal- M Grade Applications (if you are applying for a C and/or R Grade please refer to the next section)

This is to be completed by a Physical Fitness Trainer/sSecondary College Physical Education Teacher.

A competitor in a motorsport event does require a certain level of physical fitness prowess to control a motor vehicle in a competitive sport.

Research both internationally and nationally indicates that to achieve this, a person requires;

- Good quads – for the strength required to maintain heavy braking pressures.
- Good cardiovascular performance – similar to that of competitive runners and cyclists of similar ages.
- Hand and arm strength – for controlling the steering wheel at competition race speeds, and
- Handling temperature as the inside of a race car is generally similar to a hot day in desert like conditions.

Obviously, a lot of these attributes will build up as age and competitive training ensures. So, for the basic start point we are looking for a 12 to 16 year old to be able to score at least Level 5.0 on the standard Beep Test. We understand that not all will, due to an injury or physical attributes, find a Beep Test possible so the way is clear to appraise these persons with a similar rate of overall fitness from (for example) a bike or rowing machine test. (For details of the beep test go to <http://www.thebeepetest.com>). It is also understood that this appraisal is just that as the ultimate responsibility always remains with that of the applicant to demonstrate their ability to control a motor vehicle at speed.

- Completed a Beep Test with the following results:
- Undertaken the following alternative test which in my opinion demonstrates a similar level of fitness:

Signature: _____ **Date:** _____
Position / Job Title: _____
(Self)/Employed: _____

Junior Driver – Indemnity & Medical for: _____

This page is to be completed by a Registered Doctor.

Motorsport Manual – Schedule L- Article 2 (Medical Scope) and Article 3 (Minimum age of Competitors)

Medical form for C and/or R Grade Applications (if the application is for M Grade please refer to the previous section)

- Are you the regular medical attendant of the Applicant? **Yes / No**
Is there any abnormality of the heart or cardiovascular system? **Yes / No**
Has the applicant full controlled movement of both upper and lower limbs? **Yes / No**
Is there any evidence of a physical or mental condition, past or present, which could debar the applicant from motor racing? **Yes / No**

Has the applicant 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 not stated above

If yes, please provide details below including any medications or treatments:

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

Do they require to wear glasses/contact lenses for driving? **Yes / No**

Do you have any eyesight abnormalities that we should be aware of? **Yes / No**

Vision	R eye ____/____	L eye ____/____
With correction if applicable	R eye ____/____	L eye ____/____
Field of Vision	R eye _____	L eye _____
Pupil reaction to L & A	R eye _____	L eye _____

Colour Vision: _____

Blood Pressure: _____

Genito-urinary System: _____

(a) Any Abnormality? _____

(b) Urinary-Albumen: _____ Sugar: _____

Height: _____ Weight: _____

Date of last Tetanus injection: _____

Observations / Recommendations related to the requested information:

THIS IS TO CERTIFY that the above-named applicant has today been examined by me and I consider the named applicant to be **fit / unfit** to compete in motorsport events.

Signature: _____ **Date:** _____
Name: _____
Qualifications: _____
Contact Details: _____