



COMPETITION LICENCE APPLICATION FORM - INTERNATIONAL

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)

Licence Grade applying for: _____

MSNZ Member Club: _____

Membership Number: _____ (if applicable)

Membership Expiry Date: _____

<input type="checkbox"/> Int A / B / C / H Grade	\$488.00
<input type="checkbox"/> Int R Grade	\$510.00
<input type="checkbox"/> Priority Application	(50% extra)

- 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.
- 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.
- If your medical card is current, please note the expiry date below:

- If this is current the following page is not required.
- Non- Production of Licence: Refer NSC Part IV- Licences: Article 48. Please also advise MSNZ of event details in space below

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 your application is an upgrade the fee may be pro-rated dependant on the time of year the application is submitted.
- If your application is an upgrade, please also include the appropriate completed upgrade form.
- 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 contact the MotorSport NZ Office for details of supporting documentation required.

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>	

International Medical Card Application for: _____

Please note that this information will 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 2.3

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:** _____
Position / Job Title: _____
Employed: _____
Contact Details: _____