



## DRIVING INSTRUCTOR AND/OR DRIVING SCHOOL APPLICATION

**Schools Name:** \_\_\_\_\_

**Race or Rally?** \_\_\_\_\_

**Applicant/Instructors Name:** \_\_\_\_\_

**First Aid Cert/Expiry:** \_\_\_\_\_

**Previous Licence Details:** \_\_\_\_\_

**Address Details:** \_\_\_\_\_

If priority require physical address- No P O Box

**Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

|   |             |
|---|-------------|
| <input type="checkbox"/> Driving Instructor   |             |
| <input type="checkbox"/> Driving School       |             |
| <input type="checkbox"/> Priority Application | (50% extra) |

- It is recommended to submit this application via MotorSport Online  
<http://online.motorsport.org.nz/>
- 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

Motorsport Manual- Schedule LS

**Please attach a copy of your training syllabus with this application.**

### 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 (School):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Applicant (Instructor):** \_\_\_\_\_

**Date:** \_\_\_\_\_

|   |                      |         |                      |
|---|----------------------|---------|----------------------|
| Card No   | <input type="text"/> | Expires | <input type="text"/> |
| Name on Card  | <input type="text"/> |         |                      |
| Signed  | <input type="text"/> | Date    | <input type="text"/> |
| A Transaction Fee will apply      GST Number # 10-062-349<br><i>Licence fees are available in Sch B</i><br><i>Manual Handling fee applies</i> |                      |         |                      |