



OFFICIALS LICENCE APPLICATION

First Names: _____

Surname: _____

Date of Birth: _____

Country of Citizenship: _____

Address Details: _____

Ph Home: _____

Ph Bus: _____

Mobile: _____

Email: _____

Next of Kin: _____

Contact Ph No: _____

Previous MSNZ Licence: _____

MSNZ Member Club: _____

Member Club # & Expiry: _____

Training - Venue: _____

Training - Date: _____

Application for:	
<input type="checkbox"/>	Scrutineer
<input type="checkbox"/>	'A' Scrutineer
<input type="checkbox"/>	Technical Officer
<input type="checkbox"/>	Clerk of the Course Bronze
<input type="checkbox"/>	Clerk of the Course Silver- Race
<input type="checkbox"/>	Clerk of the Course Silver- Rally
<input type="checkbox"/>	Clerk of the Course Gold- Race
<input type="checkbox"/>	Clerk of the Course Gold- Rally
<input type="checkbox"/>	Competitor Relations Officer
<input type="checkbox"/>	Steward*
<input type="checkbox"/>	Licence Examiner*

- 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
 - For all licences a passport style photo is required. This can be emailed.
 - Please refer to Schedule L of the Motorsport Manual for the individual grade criteria before submitting this application.
- * For Steward and Licence Examiner applications, nomination from your Member Car Club, signed by the President, must accompany this application.

Please provide details of relevant experience:

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: _____