

**For Official Use**Date Submitted: Received by:

Malta Motorsport Federation,
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www.maltamotorsport.org
MMF LICENCE APPLICATION FORM 2017**LICENCE TYPE, GRADE & FEE****LICENCE VALID TILL 31.12.2017**

A Minimum of fourteen (14) working days are required to process the Licence, from the date of submitting the full application. Application cannot be processed in less than seven (7) Days.

LICENCE	PARTICIPATION	Fee (€) MMF Club Members	Tick	Fee (€) Non Affiliated	Tick
Track Club – Start Medical Examination Required Every 2 years	Valid for Malta Only. All MDRA Temporary Track events up to National Championship excluding Foreign Participation.	30.00		45.00	
National Events * Medical Examination Required Every 2 years	National events. Medical Examination Required every 2 years, or yearly if over 45 years of age or have suffered any medical condition in these last 12 months.				
National Go Kart	All national Go Kart Events	30.00		45.00	
National Circuit Racing, Hill Climb, Sprint	All Circuit Racing and Hill Climb	30.00		45.00	
National Rally & Off-Road	Rally and all Off-road	30.00		45.00	
National Drag Racing	Drag Racing	30.00		45.00	
National Drifting	Drifting	30.00		45.00	
International Events Medical Examination Required Yearly	International events. Competitors holding National licence can upgrade to International after having competed successfully in a minimum of 5 start events for which their Club Membership is valid. To maintain licence competitor must compete in at least one club event annually.				
International Go Kart	All international Go Kart Events	80.00 (100.00**)		170.00 (200.00**)	
International Circuit Racing, Hill Climb, Sprint	All Circuit Racing and Hill Climb	80.00 (100.00**)		270.00 (330.00**)	
International Rally & Off-Road	Rally and all Off-road	80.00 (100.00**)		170.00 (200.00**)	
International Drag Racing	Drag Racing	80.00 (100.00**)		170.00 (200.00**)	
International Drifting,	Drifting	80.00 (100.00**)		170.00 (200.00**)	

PHOTO

N.B. Cash Not Accepted;
If Licence is required in less than
7 working days add €30 Priority
Fee to the Total Amount.

Cheque No. Amount
paid€ **Please include:**

1. Club Membership Evidence;
2. Copy of Maltese ID card;
3. Copy of Driving Licence - 18 yrs+;
4. Copy of Expired MMF Licence;
5. One recent Passport Photo;
6. Any relevant Medical documents;
7. Commissioner Statement;
8. Assessment Results if applicable.

** Fee for Direct application for International Licence without holding a valid National Licence ** Junior Category Fees less €50 (up to 17 years of age)

Member Club Name MMF Licence No. Junior Category* **PERSONAL / CONTACT PERSON PARTICULARS**Name Residential Address Postcode:

Telephone

Off: Home: Mobile: Date of Birth (DD/MM/YY) Email

Gender

 Female MaleNationality**

Emergency Contact Details

1) Name: Phone No: 2) Name: Phone No:

** Drivers with a Non Maltese ID Card / Passport holder applicants who reside in Malta must produce a 'No Objection' from the National Sporting Authority (ASN) of the country of their passport prior to submit their application.

MEDICAL APTITUDE DECLARATION for MMF LICENCE

Applicant must hand over this page to the Examining Doctor for the Medical Examination to be carried out which must be taken in less than 2 months before submitting this application.

Applicant Name Identity Card No. / Passport No

Licence Grade Requested Licence Category requested

Regular doctor's name and address:

Is the applicant currently taking any medication and/or have any allergies or side effects of medication? Yes No

Have the applicant had surgical procedures in the past? Yes No

Have the applicant failed a breathalyser test and/or suffers from alcohol problems in these past 12 months? Yes No

Have the applicant passed the FIA MMF 'Race True' online course? Yes* No

*(Course can be accessed from www.maltamotorsport.org. Please enclose a copy of the 2016 or 2017 Diploma)

Have the applicant ever been diagnosed with and/or have or had treatment for the following:

Head injury Epilepsy Fainting/Blackouts Loss of consciousness Asthma Liver/Kidney

Heart or lung disease Serious illness High Blood Pressure Hospitalization (within last 12 months) Diabetes

Have the applicant ever been rejected or accepted increased premium for life insurance on medical grounds? Yes No

If you answer yes to any of the above questions please provide details below, including names of drugs and dosages currently taken:

Does the applicant have any problems with his eyes for distant vision? Yes No

Is applicant's eyesight correctable with glasses or contact lenses? Yes No

If you answered "Yes" please provide further details below:

Would the applicant consider to include a Personal Accident Coverage Insurance Policy once available? Yes No *(Fees to be communicated)*

Does the applicant consider himself absolutely and unconditionally fit to participate in motor sport as a competitor? Yes No

I hereby declare that the above information is true and correct.

Applicant's signature Date

MEMBER CLUB REPRESENTATIVE ASSESSMENT & DECLARATION

Have the applicant passed the Theoretical & Driving Assessment Programme? Yes No

Do you have any objection for this application to be issued with a MMF licence? Yes No

If you replied 'Yes' to the above question, please provide details below:

Club Representative Full Name Signature

STATEMENT BY APPLICANT**Statement to be read and completed by applicant:**

I agree to be bound by the rules and regulations of the events I will be participating in and with the requirements of the Malta Motorsport Federation ("MMF") in all matters.

In exchange for being able to attend or participate in these events, I agree:

- to release MMF, member clubs, associations and foundations, any promoters/sponsor organisations, land owners and lessees, organisers of the events, their respective servants, officials, representatives and agents (collectively, "the Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property or vehicle damage) "harm" whatsoever arising from my participation in or attendance at the events, except to the extent prohibited by law;
- that I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that MMF and the Associated Entities could take disciplinary action against me if I do so;
- to attend or participate in the event at my own risk.

I/We acknowledge that:

- The risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 - vehicles (or parts of them) colliding with other vehicles, person or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the events; and
 - the failure or unsuitability of facilities (including grand-stands, fences, barriers and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the events provided by MMF and/or their Associated Entities. I certify that the statements made to MMF regarding my psychological and physical conditions and any previous illness are true and accurate. I declare that, should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of this licence and to notify MMF and/or their Associated Entities by submitting further medical examination, the results of which are to be forwarded to MMF. I undertake not to use any drugs or medication that are considered illegal and/or use any drugs, medications or practices which contravene or are in the WADA Prohibited list or as per LN281 of 2011 and/or defined in the Anti-Doping Code of the SportMalta (SM) as the National Anti-Doping Organisation (NADO) and/or the Olympic movement, on the recommendation of the World Anti-Doping Agency (WADA). I agree to undertake any anti-doping analysis tests, including any test for alcohol that may be considered necessary by MMF. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to MMF medical assessor in order to determine my competition fitness. I understand and authorise the MMF to hold my personal information on its computer systems. If applying for professional status, I confirm that for the last tax year prior to this application, I declared my earnings as a competitor in motorsport and therefore request that the MMF endorse my licence with the word 'Professional' and further with the EU flag, in accordance with the FIA regulation 52.

For female applicants: **I agree to abstain from taking part in any competition whilst pregnant.**

Any applicant making a false declaration is liable to refusal and cancellation of licence and/or any insurance cover if applicable.

Applicant's signature

Date

PARENT/LEGAL GUARDIAN CONSENT

Consent Statement for applicants under 18 years:

I, (print full name)

of (print address)

I am the parent/guardian of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and confirm its correctness. I have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Parent/Legal Guardian signature

Date

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**MMF TEMPORARY TRACK CLUB LICENCE – 2016****VALID MALTA ONLY UP TO 31.12.2016**

This is a MMF temporary Club licence, valid only in Malta from the time MMF, your club representative or event organiser signs it. MMF will issue your official licence on 01.01.2017. The Completed Application & Medical Forms and Licence Fee must be forwarded and paid beforehand to MMF.

This Licence Grants (Name)

Licence Grade

MMF or Club/Event Organiser
STAMP

Expiry date

31.12.2016

Signature of Authorised Person

Amount paid



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MEDICAL EXAMINATION FORM FOR MMF COMPETITION LICENCE

Medical Examination must be carried out less than two (2) months before the application for a driver's competition licence is submitted to the Federation.

Note : Applicant must bring the completed Competition Licence Application Form and hand over to the Examining Doctor

Name of Applicant ID Card No

Address

TO BE COMPLETED BY EXAMINING DOCTOR

Please note questions on Page 2 of the Competition Licence Application form and record any abnormality below in 'Observations/Recommendations'

1. Are you the regular medical attendant of the Applicant? Yes No
2. Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from competing in motor sport? Yes No

Past Medical History

3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant") :

4. Height : Weight :

5. **Cardiovascular System :**
 Blood Pressure : mm/Hg Pulse rate : Rhythm :
 Auscultation : Murmurs: YES / NO Type :
 Stress ECG :
 (Stress ECG is required for applicants 45 years and over annually/or as and when required by the Medical Examiner)

6. **Respiratory System :**
 Auscultation : Lung Fields :

7. **Gastro-Intestinal System**
 Palpation : Auscultation :

8. **Genito-urinary System :**
 a) Any abnormality :
 b) Urine – Albumin : Sugar :

9. **Central Nervous System**
Vision Snellen's Chart
 a. Vision : R eye/..... Leye/..... With correction of applicable : R eye/..... Leye/.....
 Field of Vision : R eye/..... Leye/..... Pupil reaction to L & A : R eye/..... Leye/.....
 Color vision : Normal/Abnormal Hearing : Normal/Abnormal
 (Ischiara's Chart)

b. Locomotor System :

Upper Limb: Abnormality : Yes / No Power : Reflex:

Lower Limb: Abnormality : Yes / No Power : Reflex :

Observations/Recommendations :

THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be :

FIT	<input type="checkbox"/>	physically and psychologically to drive a racing vehicle in competitive events at high speeds.
UNFIT	<input type="checkbox"/>	physically and psychologically to drive a racing vehicle in competitive events at high speeds.

Please tick (✓)

Blood Group

Rhesus Factor

Applicant must show certificate of evidence to Doctor

Doctor's name

Doctor's signature

Doctor's Mobile No.

Date of Examination

Doctor's STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant.

The applicant is requested to forward the completed form together with the Competition Licence Application form immediately to :

MALTA MOTORSPORT FEDERATION,
P.O. Box 30,
Valletta VLT 1000
MALTA
or
by email: licence@maltamotorsport.org

For any enquiries please phone: (+356) 9949 4294 during office hours.