For Official Use	Date Submitted:
Received by:	

Malta Motorsport Federation, P.O. Box 30, Valletta VLT 1000 Email: licence@maltamotorsport.org Tel: +356 9949 4294



MMF LICENCE APPLICATION FORM 2017

LICENCE VALID TILL 31.12.2017

LICENCE TYPE, GRADE & FEE 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 suffered any medical condition in these last 12 months		if over 45	years of age or	have	
National Go Kart	All national Go Kart Events	30.00		45.00		РНОТО
National Circuit Racing, Hill Climb, Sprint	All Circuit Racing and Hill Climb	3000		45.00		
National Rally & Off-Road	Rally and all Off-road	30.00		45.00		
National Drag Racing	Drag Racing	30.00		45.00		N.B. Cash Not Accepted;
National Drifting	Drifting	3000		45.00		If Licence is required in less than 7 working days add €30 Priority
International Events Medical Examination Required Yearly	International events. Competitors holding National I competed successfully in a minimum of 5 start ever maintain licence competitor must compete in at least of	nts for which the	eir Club M			Fee to the Total Amount. Cheque No.
International Go Kart	All international Go Kart Events	80.00 (100.00**)		170.00 (200.00**)		Amount
International Circuit Racing, Hill Climb, Sprint	All Circuit Racing and Hill Climb	80.00 (100.00**)		270.00 (330.00**)		paid €
International Rally & Off-Road	Rally and all Off-road	80.00 (100.00**)		170.00 (200.00**)		Please include:
International Drag Racing	Drag Racing	80.00 (100.00**)		170.00 (200.00**)		Club Membership Evidence; Copy of Maltese ID card;
International Drifting,	Drifting	80.00 (100.00**)		170.00 (200.00**)		Copy of Driving Licence - 18 yrs+; Copy of Expired MMF Licence; One recent Passport Photo:
Member Club Name	MMF Licence No.	ior odlogory ro		nior Category**		7. Commissioner Statement; 8. Assessment Results if applicable.
PERSONAL / CONTACT PERSON F	PARTICULARS					
Name						
Residential Address						
		Postcode	e :			
Telephone Off:	Home:	<u> </u>		Mobile:		
Date of Birth (DD/MM/YY)	Er	nail				
Gender	Female Male Na	ationality**				
Emergency Contact Details	Name:		Phone I	No:		
2)	Name:		Phone I	No:		
	vith a Non Maltese ID Card / Passport holder applicanthe National Sporting Authority (ASN) of the country or					on'

			_						Page 1
		ATION for MMF LICENC e Examining Doctor for the Med		carried out whic	h must be take	n in less than	2 months before	submitting th	is applicatio
Applicant Name			Ident	ity Card No. / Pa	ssport No.				
Licence Grade Re	guested		Lic	ence Category re	equested				
	,				.,				
Regular doctor's n	ame and address:								
s the applicant cu	rrently taking any r	medication and/or have any aller	gies or side effects of	medication?	Y	es	No		
Javo the applican	t had auraical proc	aduras in the past?				'00	No		
nave the applican	nad surgical proce	edures in the past?				es	No No		
lave the applican	failed a breathalys	ser test and/or suffers from alco	hol problems in these	oast 12 months?	Y	es	No		
lave the applican	passed the FIA M	IMF 'Race True' online course?				'es*	No		
		amotorsport.org. Please enclose a c	opy of the 2016 or 2017 D)iploma – Children					
lave the applican	ever been diagno	sed with and/or have or had trea				Г			
Head injur	'	Epilepsy	Fainting/Blackout	s Lo	oss of consciou	sness	Asthma	Ш	Liver/Kidne
Heart or lu	ng disease	Serious illness	High Blood Pressu	re H	ospitalization (vithin last 12	months)	Ш	Diabetes
Have the applican	ever been rejecte	d or accepted increased premiu	m for life insurance on	medical ground	s? Y	es	No		
f you answer yes	to any of the above	e questions please provide detai	Is below, including nar	nes of drugs and	l dosages curre	ntly taken:			
Does the applican	t have any problem	ns with his eyes for distant vision	1?		Y	es	No		
		,							
		th glasses or contact lenses?			Y	es	No		
you answered "	es" please provide	e further details below:							
A/ 11/1 P			. D.	7.11.0		,	N /5		
		de a Personal Accident Coveraç				es		es to be com	imunicatea)
		elf absolutely and uncondition mation is true and correct.	any nt to participate	in motor sport a	as a competito	1	es	No	
Applicant's signati		nation is true and correct.			Date				
Applicant 3 signati					Date				
MBER CLUB	REPRESENTA	ATIVE ASSESSMENT & [DECLARATION						
Have the applican	passed the Theor	retical & Driving Assessment Pro	ogramme?		Y	es	No		
Do you have any	bjection for this ar	oplication to be issued with a MN	//F licence?		Y	es	No		
		stion, please provide details belo							
		., .							
Club Representati	ve Full Name:				Si	gnature			

Page 3 of 3

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 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) 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

SOONSPORT FEOR	MMF TEMPORARY TRACK CLUB LICENCE -	- 2017 VALIE	MALTA ONLY UP TO 31.12.2017
est, 2001	This is a MMF temporary Club licence, valid only in Malta from the tir your official licence within 3 weeks. The Completed Application & Me	me MMF, your club representative	e or event organiser signs it. MMF will issue st be forwarded and paid beforehand to MMI
This Licence Grants (Name)		Licence Grade	
		Expiry date	31.12.2017
MMF or Club/Event Organiser STAMP		Signature of Authorised Person	

Amount paid

Malta Motorsport Federation, P.O. Box 30 Valletta VLT 1000 Email: licence@maltamotorsport.org T: +356 9949 4294



HE U	f Applicant						IDO	Card No					
Iress													
BE	COMPLE	TED BY E	XAMINING	DOCTO)R								
ase i	note questions	n Page 2 of t	ne Competition	n Licence A	pplication form	n and recor	any abnom	nality be	elow in 'Ob	serv ations	/Recomn	nendations'	
	Are you the	egular medica	al attendant of	f the Applica	nt?				Yes		No		
<u>.</u>			physical or me applicant from				h could,		Yes		No		
t Me	edical History												
	Date of last	Tetanus Inject	ons (If not kno	own, state s	o or state "da	te provided	by applicant"	·) :					
	Height:				Weight								
					vveignt					J			
	Cardiovasc	Ilar Cyatam					Dhydh						
				Pulo	se rate :		RIVID	m ·					
	Blood Press	ıre :	mm/Hg	Puls Mur	se rate: murs: YES/	NO Type	Knyth	m :					
	Blood Press Ascultation : Stress ECG	ıre :	mm/Hg	Mur	murs: YES/	NO Type	:						
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	Blood Press Ascultation: Stress ECG (Stress ECC Respiratory Asculatation Gastro-Intes Palpation: Genito-urina Any abno	is required System: : Lung Fields tinal System ary System: mality:	for applicants	Mur	murs: YES/	NO Type ally/or as a Ascultation	nd when re						
	Blood Press Ascultation: Stress ECG (Stress ECC Respiratory Asculatation Gastro-Intes Palpation: Genito-uring	is required System: : Lung Fields tinal System ary System: mality:	for applicants	Mur	murs: YES/	NO Type	nd when re						
	Blood Press Ascultation: Stress ECG (Stress ECG (Stress ECG Respiratory Asculatation Gastro-Intes Palpation: Genito-urina a) Any abno	is required System: : Lung Fields tinal System rry System: mality: lbumin:	for applicants	Mur	murs: YES/	NO Type ally/or as a Ascultation	nd when re						
	Blood Press Ascultation: Stress ECG (Stress ECG (Stress ECG Respiratory Asculatation Gastro-Intes Palpation: Genito-urina a) Any abno	is required System: : Lung Fields tinal System rry System: mality: lbumin:	mm/Hg for applicants	Mur	murs: YES/	NO Type ally/or as a Ascultation Sugar :	nd when re	quired k	by the Med	lical Exam	niner)	eye/	

Upper Limb: Abnormality: Yes / No Power:
THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be: FIT physically and psychologically to drive a racing vehicle in competitive events at high speeds. UNFIT physically and psychologically to drive a racing vehicle in competitive events at high speeds. Please tick (\(\frac{1}{2}\)) Blood Group Rhesus Factor
THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be: FIT
Please tick (√) Blood Group Rhesus Factor Rhesus Factor Applicant must show certificate of evidence to Doctor
UNFIT 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
Please tick (√) Blood Group Rhesus Factor Applicant must show certificate of evidence to Doctor
Blood Group Rhesus Factor Applicant must show certificate of evidence to Doctor
Applicant must show certificate of evidence to Doctor
Doctor's signature Doctor's Mobile No.
Doctor's STAMP
Date of Examination
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.