



Motorcycle Union of Ireland (Southern Centre) Ltd
t/a

Motorcycling Ireland Ltd

Unit 5C Fingal Bay, Business Park, Balbriggan, Co Dublin

Phone: 086 128 7173

Email: office@motorcycling-ireland.com Website: www.motorcycling-ireland.com

Registered in Ireland Reg no: 98070

Application for Road Race Competition Licence 2023

PLEASE RETURN YOUR OLD LICENCE WITH THIS APPLICATION

**PLEASE NOTE ALL 'A' & 'AR' TYPE LICENCE HOLDERS
MUST GET A DOCTORS MEDICAL REPEATED EVERY YEAR.**

*Forms filled out incorrectly will result in no licence being issued.

Year of last licence held: _____ First Time Renewal Upgrade
Licence number of last licence held _____

Applicant's Name: _____ Gender: Male Female
(Please Print) Used First Name Surname

Address: _____

Telephone Number _____ Date of Birth: __/__/__ Email _____

Affiliated Club:

LICENCE FEES:

TYPE	Discipline PLEASE TICK ONE	Senior €80
A	Road Race Full A	
AR	Road Race Support	
AR	Road Race Classic	
AR	Road Race Sidecar Driver	
AR	Road Race Sidecar Passenger	

If it is your first license application or if there has been more than a 3-year gap between applications please attach a passport photo.

2019-2021 licence holders no photo required.

- ❖ If you are a **Newcomer AR Sidecar** you must complete an assessment day run by our Short Circuit Committee.
- ❖ If you are a **'AR' rider looking to upgrade to 'A' rider** you must send in recent results to the office to be looked at by the Road Race Committee for them to make a decision.
- ❖ If you are a **'BN' rider looking to upgrade to 'AR' rider** you must send in you Drivers Record Card and copies of official time sheets to the office to be looked at by the Committee for them to make a decision.

If you made payment online, please enter your email address used here: _____

IF YOU HAVE MADE PAYMENT BY OTHER METHOD PLEASE SPECIFY HERE: _____

ALL LICENCE APPLICANTS MUST COMPLETE AN ANTI-DOPING SEMINAR

ANTI-DOPING

All applicants must complete the Anti Doping aseminar on the Sport Ireland webiste.
<http://elearning.sportireland.ie/login/index.php> **you must attach the cetificate you received or your licence will not be processed.**

ALL APPLICANTS UNDER 18 YEARS OF AGE, The Parent or Guardian must Complete the online Anti-Doping seminar with the applicant.

ALL ROAD RACE (A & AR) APPLICANTS MUST ATTEND A FLAG SEMINAR

Flag Seminar

FLAG SEMINAR ATTENDED _____ DATE: __/__/__

ALL APPLICANTS UNDER 18 YEARS OF AGE, The Parent or Guardian must attend a flag seminar with the applicant.

If you cannot attend a flag seminar you can do it on the Motorcycling Ireland website (<http://www.motorcycling-ireland.com/forms/Flags-Seminar.pdf>) and fill in below.

I _____ have read the flag seminar online and I understand the need for flags and the signals of the flags.

Signature: _____ Date: __/__/__

MEDICAL DECLARATION

DO YOU SUFFER FROM EPILEPSY, DIABETES, A HEART RELATED ILLNESS OR ANY OTHER ILLNESS OR DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO COMPETE IN MOTORCYCLE COMPETITION EVENTS?

Please note that Motorcycling Ireland (Southern Centre) Ltd, may ask a licence holder to produce a signed Medical certificate at any time

DECLARATION

I declare that the information I have given is true and correct. I agree to abide by the Rules and Regulations of the Motorcycling Ireland (Southern Centre) Ltd and any additional Rules and Regulations, which may subsequently be introduced.

* Signature of Applicant _____ Date: __/__/__

CLUB MEMBERSHIP VERIFICATION

I verify that the APPLICANT on this LICENCE FORM is a member of the

_____ Club LTD.

Signed: _____ Date: __/__/__
Signed by Club Secretary, Treasurer

MOTORCYCLING IRELAND

Surname _____ First Name _____ Date of Birth _____

MEDICAL INFORMATION SELF DECLARATION

(to be completed by the applicant)

Please answer all the questions honestly. Any false declaration may result in disciplinary action and permanent denial or withdrawal of your license.

Have you ever suffered from or been treated (or are suffering from or receiving treatment) for any of the following medical conditions? If yes, please provide details below.

- | | | | |
|------|--|-----|----|
| 1. | Loss of consciousness or blackouts, fainting, severe dizziness, vertigo, loss of balance | YES | NO |
| 2. | Epilepsy fits or seizures from any cause | Yes | NO |
| 3. | Neurological disorder such as MS, Motor Neurone Disease, TIA or Stroke | YES | NO |
| 4. | A severe head injury which caused loss of consciousness or concussion | YES | NO |
| 5. | Psychiatric illness, mental or behavioural disorder including alcohol or drug dependence or misuse | YES | NO |
| 6. | Eye disorders affecting your eyesight including colour blindness | YES | NO |
| 7. | Problems with the strength, feeling in, coordination of or use of your limbs | YES | NO |
| 8. | Any abnormality of your limbs including amputation or loss of function or any other disability | YES | NO |
| 9. | Diabetes – if so, please state below if treated by diet, medication or insulin and any complications | YES | NO |
| 10. | High blood pressure, heart disease (angina, heart attack, abnormal heart rhythm) or circulation problems | YES | NO |
| 11. | Blood disorders or abnormal bleeding? | YES | NO |
| 12. | Surgical procedure or operation within the past 2 years | YES | NO |
| 13. | Any tumours, or cancer? | YES | NO |
| 14.. | Any allergies to medicines or drugs? If so, please state below | YES | NO |
| 15. | Are you taking any medication? If so, please list below | YES | NO |
| 16. | Any other illnesses? | YES | NO |

If you have answered "YES" to any of the above, please list the details here including the date of diagnosis, tests, investigations and any treatment;

- In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to the Clerk of the Course, my relatives and my representatives and to any doctors involved in my care.
- I will immediately inform the MCI and or the CMO of an event of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- I agree to details of my medical history being sent to the doctors of the MCUI as part of my license application.
- In case of emergency I authorise any qualified person to administer necessary treatment, medical and or surgical including the administration of blood and blood products.
- I agree to complete the online Flag and Anti- Doping Seminars

Signature _____ Print Name _____ Date _____

MOTORCYCLING IRELAND

Surname _____

First Names _____

Date of Birth _____

MEDICAL REPORT

(to be completed by your doctor)

- | | | | |
|-----|--|--|--|
| 1. | Are you the applicant's usual doctor? | YES | NO |
| 2. | If no, do you have direct access to and knowledge of their full medical history? | YES | NO |
| 3. | Has the applicant suffered from epilepsy, seizures or any other neurological condition? | YES | NO |
| 4. | Does the applicant suffer from any condition that may cause sudden loss of consciousness? | YES | NO |
| 5. | Does the applicant suffer from any condition that may cause sudden dizziness, loss of balance or coordination? | YES | NO |
| 6. | Is there a history or evidence of any neurological disorder? | YES | NO |
| 7. | Is there any condition affecting their eyesight or hearing? | YES | NO |
| 8. | Does the applicant have any physical abnormality or restriction of function of the limbs or any other physical disability? | YES | NO |
| 9. | Is there any history of heart or cardiovascular disease? | YES | NO |
| 10. | Does the applicant have hypertension? | YES | NO |
| 11. | Has a BP been recorded within the past 12 months? If so, please state reading below. | YES | NO |
| 12. | Is there any history of psychiatric or mental illness or behavioural disorder including alcohol or drug misuse? | YES | NO |
| 13. | Does the applicant suffer from Diabetes? | YES | NO |
| | If so is there any evidence of retinopathy or neuropathy or other complication? | YES | NO |
| | If insulin dependent are they subject to episodes of hypoglycaemia? | YES | NO |
| 14. | Does the applicant have any neoplastic disease that may be liable to metastasise? | YES | NO |
| 15. | Is the applicant taking medication? | YES | NO |
| 16. | Eyesight | | |
| A. | Uncorrected vision | Right: <input type="text" value="6/"/> | Left: <input type="text" value="6/"/> Binocular: <input type="text" value="6/"/> |
| B. | Corrected vision | Right: <input type="text" value="6/"/> | Left: <input type="text" value="6/"/> Binocular: <input type="text" value="6/"/> |
| C. | Is the applicant's colour vision normal? | YES | NO |
| D. | Does the binocular field of vision comply with the above | YES | NO |

If the answer to any of the above is "YES" please provide further details:

- I, the undersigned, certify that this person is fit to take part in motorcycle events.
- I, the undersigned, certify that this person is NOT FIT to take part in motorcycle events.
- I recommend that this person be examined by a member of the Medical Committee of the M.C.I. or doctor appointed by the M.C.I.
(Tick which box applicable)

Name & Address of Doctor (please use Official Stamp)

Name of Doctor _____

Signature _____ Date _____

ROAD RACES

The minimum age for any Road Race licence is 18yrs. An application for a Road Race licence will not be accepted until the person has reached 18 years of age.

NATIONAL ROAD RACE 'R'

A National Road Race 'R' Licence restricts the holder to one or more of the following Road Race classes:

- (a) Senior Support- Supersport 600, up to maximum 750cc four cylinder machine and 765cc Triple cylinder machines (excludes 650cc Twins)
- (b) Moto3/125GP
- (c) Lightweight SS400/250GP
- (d) Supertwins
- (e) Classics

For further restrictions to National Road Race 'R' licence holders, see **MCUI Standing Regulations Chapter 1A, Road Racing Task Force Regulations** points 27, 28 & 29.

A National Road Race 'R' Licence shall display which of the above classes a competitor will be entitled to compete. It shall also display whether the holder is a 1st or 2nd year 'R' licence holder.

A 1st year National Road Race 'R' licence holder must compete at a minimum of 4 Irish National Road Races within a race season before moving on to their 2nd year. Failure to do so will require the holder to remain on a 1st year licence until such times as they've fulfilled the criteria.

A National Road Race 'R' Licence will not be issued to a National SC Licence holder unless they fulfil the following criteria:

- (a) Must have competed at a minimum of 10 separate race days at 2 different circuits during the previous 2 years.
- (b) Must have their record card completed with upgrade signatures by the timekeepers.
- (c) In order to obtain a signature, riders must appear in the official time sheets as a finisher and have an average race speed of 90% or greater than their respective class winner
- (d) The Competitor record card together with copies of the official time sheets for the signatures should be submitted to the MCUI Licence Registrar. The onus of having this Card completed rests with the Licence holder.

The holder of a National Road Race 'R' licence is entitled to compete at a Short Circuit event.

Checklist

ALL Applicants:

- Form fully filled out.
- One** box ticked for your discipline.
- Page 2 Anti-Doping Seminar** completed online, when done online the certificate must be attached.
- Club membership verification** page 2 fill out and stamped on front page.
- Page 2 Flag Seminar:** to be read online and the declaration signed if applying for Road Race (A, AR).
- Medical Declaration** on page 2 signed.
- Page 3 Medical Certificate (Self Medical)** completed by yourself.
- Page 4 Medical Examination:** TO BE FILLED OUT BY YOUR DOCTOR.
- Payment
- Old licence

If Applicable:

- UPGRADE:** If you are applying for an upgrade 'B' to 'AR' you must supply a **DRIVERS RECORD CARD** which you can print out on the Motorcycling Ireland website and copies of official time sheets.
- UPGRADE:** If you are applying for an upgrade 'AR' to 'A' you must supply you most recent race results.
- Photo