

LICENCE REVIEW APPLICATION

Completed form to be emailed or faxed to your relevant State Office

Applicants Name			Date of Birth	
Phone		Email		
Licence Number		Club		
Height		cm	Weight (inc. race gear)	kg
Date Started Racing		Current Class(es)		

Brief Summary of Results over the past two years

Dispensation Requested

Early Progression to the next age group ☐ Early progression to a higher grade of licence ☐

Stay down in a lower age group ☐ Other

Reasons for Dispensation

Applicants (or Parent Guardian if under 18) Signature Date

Name

OFFICE USE ONLY

State	Approve/Deny	Review Panel	Approved/Denied	CMS Adjusted	
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Signed		Date	
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