

GUIDELINES TO APPLY FOR OR RENEW AN INTERNATIONAL LICENCE

BACKGROUND

The issuing of all International Karting Licences (International Licence) for Drivers and Competitors is governed by the International Sporting Code of the FIA, the <u>International Karting Licence Rules of CIK</u> and Karting Australia's policies and procedures.

1. A new International Licence is required in each year that you wish to race overseas.

- a. In accordance with FIA Rules, ALL International Licences expire on 31 December each year.
- b. You should allow at least one (1) month for the International Licence application to be processed (after you have completed it and received the results of your medical examination.)
 - i. If you require your International Licence within 5 working days of the Licence application being received by Karting Australia, please add \$85 to the Licence Fee that is payable.

COMPLETING THE LICENCE APPLICATION FORM

1. To obtain your first International Licence or to renew your International Licence, you must complete the details as required in the following pages

Note - this is a Motorsport Australia form so wherever the word Motorsport Australia appears, please read that as being KA.

- 2. You must **undergo a MEDICAL EXAMINATION** by a Medical Practitioner registered to practice medicine in Australia.
 - a. Please ensure that the examining doctor reads the form carefully and completes it fully.
 - b. A resting ECG forms part of every medical examination and if you are 45 years of age or older, a Stress ECG must be performed on the initial application and then every alternate year along with a resting ECG.
 - *c.* If your colour vision tests are negative and if you fail the Ishihara/Colour Vision test, a further Farnsworth D15 test must be completed. These test results must be provided with your Application Form.
 - i. Our National Medical Officer will assess if you can be granted an International licence.
- 3. If you require any clarification of the Medical standards, please refer this link: <u>https://motorsport.org.au/docs/default-source/medical/medical-standards.pdf</u>

IMPORTANT NOTE:

ALL forms and the Medical Examinations MUST have been completed within 3 months of the Licence Application being submitted.

SUBMITTING THE APPLICATION FORM

The completed Licence Application consists of:

- 1. The fully completed Licence Application Form and Medical Examination results.
 - a. These documents should be completed using black ink, scanned at A4 size, saved as a pdf document.
- 2. A current passport quality image of the applicant as a jpg image file to be used on the licence card.
- 3. Completed and signed Payment Authority showing the total payment for the International Licence.
- 4. The Application must be sent by email to: https://www.icencing@karting.net.au



APPLICATION FOR APPROVAL TO COMPETE IN AN <u>INTERNATIONAL</u> <u>EVENT/S ON AN INTERNATIONAL LICENCE</u>

Date of Application

I wish to apply for approval to Practice, Test & Compete in an International Event/s, in accordance with my International Licence.

DRIVER DETAILS:

Name		
Address		
Email		
Mobile		
Date of Birth		
Domestic Licence Number	Licence Grade	
Licence Expiry Date		I Licences expire on 31 December each year. Your ast the date of the Event/s you wish to compete in.

WADB Declaration of Consent

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing.

Driver's Signature	
Parent/Guardian Signature (if under 18)	
Parent/Guardian Name	

An Approval Letter to Practice, Test & Compete will be issued to cover the full period of the approval and will only be issued if you have a current & valid International Licence.

If you require an International Licence Application form, please open the following link and select the International Licence Motorsport Australia Medical Form from the Forms section. <u>https://www.karting.net.au/administration/forms</u>

This application should be emailed to: licencing@karting.net.au



EVENT/S DETAILS:

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

*Should additional event/s need to be included with this Application, please reprint this page





mportant If significant	abnormalities are found, pl	ease obtain specialist	opinion or pathology	as indicated and return
with this form. If doubtful	, refer to the Member Hotlin	e — 1300 883 959.		

3. If the applicant wears co stating their (i) stability, (ii) 4. BMI (i) The Body Mass (ii) 20-25 Acceptal 25-30 Health ri 30-35 Obese 35-40 Morbidly 5. References to Cardiovas	ontact lenses, please duration of daily use Index is weight (in ki ble – normal range sk area obese scular or CV score all	attach to thi and (iii) cond lograms) divi ude to the Fr	s report a c dition. ided by the ramingham	results relevant to this application. ertificate from the Ophthalmic Practitioner who fitter square of the height (in metres). Study. ch 'YES' response, further details should be provided		
Member's name:		Member (lic	ence) no:	Licence level:		
What is the applicant's: He	eight (in cm)	Weight	(in kg)	Body Mass Index CV Score		
Re	eference to CV Score of	chart also req	uired for all	applicants.		
Cardiovascular System What is the pulse rate? (MA Is the rhythm abnormal?	X 100)	Yes	No	ENT System Is there any evidence of past or present vestibular disturbance, including intermittent conditions?	Yes	Nc
What is the blood pressure?	? (MAX 150/90)	/		Is there any abnormality of the ENT system on	Yes	No
Are the peripheral pulses at	onormal?	Yes	No	clinical examination?		
Is there any evidence in the of past or present ischaemic		Yes	No	Visual System Has the applicant any evident abnormality of the eyes?	Yes	No
5	DL IDL			Are contact lenses worn? (Certificate of Ophthalmic Prac. required if YES)		Y
Fasting GLUCOSE	IDL			Has the applicant undergone refractive surgery? (Certificate of Ophthalmic Practitioner required if YES		
Respiratory System				Visual Acuity		
Is there any abnormality of the	respiratory system	Yes	No	Test each eye separately with letter chart at 6m Record in metric Snellen notation: eg, 6/9		
on examination? Is the applicant a smoker?		Yes	No	Record number of errors made in smallest line read:	∋g, 6/9 -3	RE LE
Abdomen				Unaided (without contact lenses or spectacles)	6/	6/
Is there any abnormality of t on clinical examination?	the abdomen	Yes	No	With spectacles or contact lenses	6/	6/
Urinary Examination				Visual fields		
Does the applicant's urine of	contain Protein	Yes	No	Do a confrontation test for each eye separately.		
	Glucose	Yes	No	Is there any ocular or general medical history that suggests the possibility of visual field loss?	Yes	No
	er abnormality?	Yes_	No	Does the confrontation test suggest a loss of visual		
Locomotor System 1. Physical deformity, ampu	utation or use			fields in either eye?	Yes	No
of any orthopaedic appli		Yes	No	Colour vision		
2. Is there any impaired fun either from 1 (above) or o		Vaa	No	Test with Ishihara for first licence only. More than three (3) errors is a FAIL indicating abnorm	al colour	vision
Has the applicant impaired		Yes	No	Ishihara test failed?	Yes	No
limb, joint, hand or foot which	ch might impair or			-		
compromise control of a mo	otor vehicle?	Yes	No	If YES, the applicant will most likely need to be referred eyesight examination by an optometrist or an ophthal		111
Is there abnormality of the c		ie,		Or when visual acuity (with classes if any or unaided if n	a alassas)	lier
power or co-ordination or terresponse on examination?	endon or plantar	Yes	No	when visual acuity (with glasses if any or unaided if no – less than a full 6/7.5 in either eye (International L		15.
Is there any sensory impairr	ment?			- less than 6/9 -2 in the better eye or less than 6/	18 -2	
		Yes	No	in the other eye (National Licence)		

The applicant should contact Motorsport Australia to obtain a copy of the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to Motorsport Australia and included with the Medical Examination Record. Motorsport Australia will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.





ECG	
A resting ECG is required with all Medical Examinations. For International Licence applicants, a Stress ECG is required every second year after age 4	15.
Stress ECG	
ECG Results: / Other c	omments:
ECG abormal? Yes No	
If abnormal, date completed:	
Examiner's Comments	
1 On history:	
2 Are there any unfavourable traits in applicant's personality, revealed by history, appear	ance or behaviour?
3 Has the applicant been prescribed drugs which are in contravention of the Motorsport Australia An If so, please advise drug, dosage and reason:	ti-Doping policy, or inhaled asthma medications?
4 In your opinion, is the applicant fit to participate in motor sport?	NO FURTHER ASSESSMENT
Statement by Registered General Practitioner	
The applicant was examined on: – –	Examiner's signature
	Examiner's signature
The applicant was examined on:	
The applicant was examined on:	
The applicant was examined on: Applicant's photo ID sighted? YES NO Are you the applicant's normal GP? YES NO	SIGNHERE MEDICAL EXAMINERS
The applicant was examined on: Applicant's photo ID sighted? YES NO Are you the applicant's normal GP? YES NO Name of medical examiner:	SIGN HERE Medical
The applicant was examined on:	SIGN HERE MEDICAL EXAMINERS STAMP
The applicant was examined on:	SIGN HERE MEDICAL EXAMINERS STAMP
The applicant was examined on:	SIGN HERE MEDICAL EXAMINERS STAMP
The applicant was examined on:	SIGN HERE MEDICAL EXAMINERS STAMP
The applicant was examined on:	SIGN HERE MEDICAL EXAMINERS STAMP examiners signature email to: memberservices@motorsport.org.au DRS USE ONLY
The applicant was examined on:	SIGN HERE SIGN HERE MEDICAL EXAMINERS STAMP To an and the second s
The applicant was examined on:	Sign Here Sign Here Medical Medical Staminers signature email to: memberservices@motorsport.org.au OR USE ONLY Max Madical every Unificial Sign Here Sign Here



2023 PAYMENT AUTHORITY

Date o Applio				
Applic	ant's Name			
Tick BOX			Fee per Application	TOTAL
Х		INTERNATIONAL DRIVER LICENCE	\$750.00	\$ 750.00
	(Inte	URGENT PROCESSING FEE ernational Licence required within 5 working days)	\$85.00	\$
		TOTAL FOR THIS AUTHORITY	\$	

PLEASE USE BLACK INK AND PRINT CLEARLY

	PAYMENT AUTHORITY							
		Amount Authorised to be Charged				\$		
Tick Box		Card Number					EXP	/
	CREDIT CARD	Card Type	VISA		M/CARD		ссv	
		Name on Card						
		Signature						
	Reference to be used	KA Licence Number						
Tick Box		BSB:	633 000)				
_	DIRECT DEPOSIT	Account Number:	178 106	5 720				
		Account Name:	AKA Lto	1				
	Reference to be used	KA Licence Number						

THIS PAYMENT AUTHORITY MUST ACCOMPANY YOUR APPLICATION AND BE RETURNED to: - licencing@karting.net.au