

2013 FIM LICENCE APPLICATION

The following pages contain an application form for an FIM International Licence for 2013. The following forms are to be submitted to Motorcycling Australia at least **three weeks prior** to departure before a licence can be issued:

1. Application form, completed clearly and in full (page 2)
2. Payment of licence fee by cheque, money order or credit card
3. Medical Examination form. Must be completed by a medical practitioner (Appendix A & B – pages 5-6).
It is recommended that you attend your regular doctor for the medical examination.
4. Anti-Doping Declaration (page 7)
5. Completed FIM Therapeutic Use Approval Forms (if applicable)

Important Information

- It is imperative that each rider reviews the FIM Anti-Doping Code which is found at: www.fim.ch by going into the Rules and Codes section and selecting the “Anti-Doping Code”. **Do not** sign the Declaration form which is a part of this application unless you have **fully read and understood** the Code.
- To be eligible for a competition licence, a rider must be an Australian citizen or be a permanent resident eligible for Medicare, or hold a licence from their FMN with insurance to FIM standard and produce a start permission.
- Passport photographs are no longer required for an FIM licence application.
- You are not required to apply for an International Licence when competing in an International event held in Australia. You can compete on your current Australian National Competition Licence.
- This does not apply to World Championships being conducted in Australia. You will need to apply for an International licence if you are competing in World Championships held in Australia
- If you are intending to contest any World Championship event you must apply for a specific Championship event licence. Prices for these are listed on the application form.

Insurance Requirements

Insurance as described below must be in place prior to the licence being issued and is only valid overseas. These prices are correct as of 3 December 2012 if taken out through AON Risk Services:

AON Risk Services Australia Limited
 ACN: 000434720
 Tel: 03 9211 3371 Fax: 03 9211 3500 E-Mail: au.fim.insurance@aon.com
 Contact: Ms Michelle Rhook

- PTD = Permanent Total Disability
- Death = Death
- Medical = Medical/Hospital expenses
- Evacuation = Emergency Evacuation to the nearest appropriate medical facility (but not necessarily to Australia)
- Repatriation (1) = Injured rider back to Australia
- Repatriation (2) = Mortal remains back to Australia

Coverage limits are as follows:	
Death \$50,000 - PTD \$100,000 - Medical \$50,000 - Evacuation \$30,000 – Repatriation(1) \$40,000 – Repatriation(2) \$10,000	
1. Multi Event Cover – One Month Cover for up to 31 consecutive days period of cover	\$648.00
2. Annual cover – (12 month - 365 consecutive days - period of cover)	\$1,204.00

Please note: A broking fee (incl GST) is applied to each policy issued and has been incorporated into the above premiums calculation – this amount will appear on the AON tax invoice.



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Return all completed forms to:

Matt Kearsley
 Motorcycling Australia

PO Box 134, South Melbourne VIC 3205
 Tel: 03 9684 0510 Fax: 03 9684 0555
events@ma.org.au

PLEASE USE BLOCK LETTERS

First Name: _____ Surname: _____
 Address: _____
 City/Town: _____ State: _____ Postcode: _____
 Mobile: _____ Tel (h): _____
 Tel (w): _____ Fax: _____
 Email: _____
 Date of Birth: _____ MA Lic No.: _____ State of Issue: _____ Nationality: _____

If not an Australian citizen, please state how long you have been in Australia: _____

Every rider is required to produce a **Start Permission** from their National Federation (FMN) when entering and competing in an International Event or Championship. In order for this Start Permission to be issued with your licence, the following information **must** be provided:

Name of Championship / Event: _____
 Country where Championship / Event is to be held: _____
 Date/s you will be competing in Championship / Event: _____
 International Meeting Number (IMN): _____

PLEASE CLEARLY SELECT LICENCE REQUIRED:

Discipline	Type	Annual	One-Event
ROAD RACING	<input type="checkbox"/> FIM Superbike World Champs	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$570
	<input type="checkbox"/> FIM Supersport World Champs	<input type="checkbox"/> \$1,700	<input type="checkbox"/> \$570
	<input type="checkbox"/> FIM Endurance World Champs	<input type="checkbox"/> \$500	<input type="checkbox"/> \$270
	<input type="checkbox"/> FIM Sidecar World Champ – Rider	<input type="checkbox"/> \$350	<input type="checkbox"/> \$180
	<input type="checkbox"/> FIM Sidecar World Champ – Passenger	<input type="checkbox"/> \$270	<input type="checkbox"/> \$130
	<input type="checkbox"/> FIM Superstock Cup 1000cc	<input type="checkbox"/> \$370	<input type="checkbox"/> \$180
	<input type="checkbox"/> FIM MotoGP Rookies Cup	<input type="checkbox"/> \$180	<input type="checkbox"/> N/A
	<input type="checkbox"/> FIM E-Power Int. Champs Meeting	<input type="checkbox"/> \$270	<input type="checkbox"/> \$180
	<input type="checkbox"/> FIM Road Race International Meeting	<input type="checkbox"/> \$150	<input type="checkbox"/> \$70
	MOTO - TRIALS	<input type="checkbox"/> FIM Trial World Champs	<input type="checkbox"/> \$500
<input type="checkbox"/> FIM Women's Trial World Champs		<input type="checkbox"/> \$270	<input type="checkbox"/> \$180
<input type="checkbox"/> FIM Trial World Champs – Assistant		<input type="checkbox"/> \$180	<input type="checkbox"/> \$110
<input type="checkbox"/> FIM International Trial Meeting		<input type="checkbox"/> \$150	<input type="checkbox"/> \$70
<input type="checkbox"/> FIM Women's Int. Trial Meeting		<input type="checkbox"/> \$150	<input type="checkbox"/> \$70

Discipline	Type	Annual	One-Event	
ENDURO	<input type="checkbox"/> FIM Enduro World Champs	<input type="checkbox"/> \$500	<input type="checkbox"/> \$270	
	<input type="checkbox"/> FIM Enduro International Meeting	<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	
	<input type="checkbox"/> FIM ISDE (Women's, Clubs, Manufacturers Teams)	<input type="checkbox"/> \$500	<input type="checkbox"/> \$220	
	<input type="checkbox"/> FIM Cross-Country Rallies World Champs	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$400	
	<input type="checkbox"/> FIM Cross-Country Rallies International Meeting	<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	
	MX / SX	<input type="checkbox"/> FIM MX1-MX2 / AMA Supercross World Champs	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$400
<input type="checkbox"/> FIM Motocross MX3 World Champs		<input type="checkbox"/> \$800	<input type="checkbox"/> \$270	
<input type="checkbox"/> FIM Freestyle Motocross World Champs		<input type="checkbox"/> \$370	<input type="checkbox"/> \$180	
<input type="checkbox"/> FIM Junior Motocross World Champs		<input type="checkbox"/> N/A	<input type="checkbox"/> \$270	
<input type="checkbox"/> FIM Women's Motocross World Champs		<input type="checkbox"/> \$270	<input type="checkbox"/> \$130	
<input type="checkbox"/> FIM SuperMoto World Champs		<input type="checkbox"/> \$500	<input type="checkbox"/> \$270	
<input type="checkbox"/> FIM International Motocross Meetings		<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	
<input type="checkbox"/> FIM Int. Freestyle Motocross Meetings		<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	
TRACK		<input type="checkbox"/> FIM Track Racing World Champs (ex. SGP)	<input type="checkbox"/> \$800	<input type="checkbox"/> \$270
		<input type="checkbox"/> FIM Track Racing Youth Gold Trophies	<input type="checkbox"/> \$270	<input type="checkbox"/> \$180
	<input type="checkbox"/> FIM International Speedway League Meeting	<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	
	<input type="checkbox"/> FIM Track Racing International Meeting	<input type="checkbox"/> \$150	<input type="checkbox"/> \$70	

I certify that the details of my experience are accurate to the best of my knowledge and belief. I undertake, if registered, to submit to and be bound by all the rules and regulations of the FIM and MA, and declare that I will not take part in any capacity whatsoever, in any motorcycle competition not authorised by such rules and regulations.

Applicants Signature: _____ Date: _____
 Parent Guardian Signature: _____ Date: _____

PAYMENT

Payment made to: Motorcycling Australia – PO Box 134, South Melbourne VIC 3205 (ABN 83 057 830 083)

Card Type MasterCard Visa Bankcard Total Amount: \$ _____
 Credit Card _____ / _____ / _____ Expiry Date: _____ / _____
 Name of Cardholder: _____ Signature: _____

Office Use Only

RECEIVED:	DISCIPLINE:	LIC NO.:	POSTING DATE:
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MEDICAL HISTORY AND EXAMINATION

Every competitor taking part in motorcycle events must be medically fit. For this reason the history and an examination are essential. The Medical History and Examination forms are found in Appendices A and B. The Medical Examination Certificate is valid for not more than one year. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

1. GUIDELINES FOR THE EXAMINING DOCTOR (Recommended to be the Rider's regular doctor)

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to enter motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other competitors, officials and spectators during an event, having regard to the type of event for which the competitor is applying.

Certain disabilities exclude the granting of a licence.

Limbs

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant may be referred for the opinion of the medical commission of his FMN.

Eyesight

Distant vision should be not less than 6/6 (1.0 or 10/10) with each eye (with, if necessary, any eye correction device).

Applicants with impaired or no vision in one eye and who have had this disability for not less than one year, are allowed to compete in Trial. In this case, vision in the valid eye must reach a standard of not less 6/6 (1.0 or 10/10) without any correction, and the competitor must have satisfactory judgement of distance. If the applicant is granted a licence, he undertakes to wear double protection on the valid eye at all times when racing.

If there is doubt about colour vision, the applicant, for any event, except Trial, must be able to accurately differentiate between red, green, blue, yellow, black and white flags. A simple practical test is recommended under conditions similar to those of a race.

Deafness

Total deafness in both ears will prevent an applicant from obtaining a licence except for Trials.

Diabetes

In general, it is not considered advisable for diabetics to enter motorcycle events. All well controlled diabetics not subject to hypoglycaemic or hyperglycaemic attacks, and having no neuropathic complications, nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

Cardio-Vascular System

In general, a heart attack or serious cardio-vascular disease would normally exclude a competitor from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with the medical examination form.

Any competitor over the age of fifty years must have an exercise tolerance electrocardiogram performed, and the result must be favourable.

Neurological and Psychiatric Disorders

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or Unexplained Attacks or Loss of Consciousness

A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit, or has suffered an unexplained sudden loss of consciousness.

Alcohol and Drug Dependence

Applicants with an alcohol or drug dependence problem will not be accepted.

2. PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he will fill in the certificate, sign it having ticked the relevant box, and then send it to applicant's FMN with his observations, including past history. If necessary, he shall request that the applicant should be examined by a member of the medical committee of the FMN, or a doctor appointed by the FMN.

3. COST OF MEDICAL EXAMINATION

Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant.

MEDICAL HISTORY
(To be completed by competitor)

APPENDIX A

Personal Data:

Surname: _____ First Name: _____ Date of Birth: _____

Address: _____

Sex: Male Female FMN: _____

NO	YES	Details
<input type="checkbox"/> Loss of consciousness for any reason Dizziness or headache	<input type="checkbox"/>	_____
<input type="checkbox"/> Eye problems (except glasses)	<input type="checkbox"/>	_____
<input type="checkbox"/> Asthma	<input type="checkbox"/>	_____
<input type="checkbox"/> Allergy to medicines or drugs	<input type="checkbox"/>	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	_____
<input type="checkbox"/> Heart problems	<input type="checkbox"/>	_____
<input type="checkbox"/> Blood pressure disorder	<input type="checkbox"/>	_____
<input type="checkbox"/> Stomach problems (ulcer, etc)	<input type="checkbox"/>	_____
<input type="checkbox"/> Uro-genital problems	<input type="checkbox"/>	_____
<input type="checkbox"/> Epilepsy or convulsions	<input type="checkbox"/>	_____
<input type="checkbox"/> Mental or nervous disorder	<input type="checkbox"/>	_____
<input type="checkbox"/> Problems with arms or legs incl. muscle Cramp or joint stiffness	<input type="checkbox"/>	_____
<input type="checkbox"/> Blood disorder with tendency to bleeding	<input type="checkbox"/>	_____
<input type="checkbox"/> Operations	<input type="checkbox"/>	_____
<input type="checkbox"/> Do you take medicine or drugs regularly?	<input type="checkbox"/>	_____

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of Course and the FMN.
- d. I declare that the information that I have given is the truth.
- e. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

Signature of applicant (or responsible Parent or Guardian if a minor)

Date



MEDICAL EXAMINATION
 (TO BE COMPLETED BY DOCTOR)

APPENDIX B

Personal Data:

Surname: _____ First Name: _____ Date of Birth: _____

Address: _____

Sex: Male Female FMN: _____

NORMAL

ABNORMAL

Details (If abnormal)

Cardio-vascular system _____

Blood Pressure _____

Pulse _____

Respiratory System _____

Nervous System: Central _____

Peripheral _____

Ear, nose and throat, in particular vestibulocochlear apparatus:

Left _____

Right _____

Locomotor System;

ARM Left _____

Right _____

LEG Left _____

Right _____

SPINE _____

Abdomen (hernia) _____

Urine Albumen _____

Glucose _____

Eyes:

Distant Vision: Right Without correction

Left

Right With Correction

Left

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 FMN, or doctor appointed by the FMN.

Signature AND Stamp of Doctor

Date of Examination



MOTORCYCLING AUSTRALIA LIMITED ("MA")

PRIVACY STATEMENT

MA is committed to the protection of your personal information. Any personal information you provide to MA will be used for those purposes which the information was gathered for as stated and related purposes which can be reasonably expected.

MA will not disclose any personally identifiable information obtained from you to other parties or for purposes other than those stated above, unless you provide your written consent to us, with the following exceptions:

- where there are grounds to believe that disclosure is required in order to prevent a threat to health or life;
- where MA suspects that unlawful activity is or has been engaged in, such personal information may be used to investigate the suspected unlawful activity; or
- the use is authorised by law or reasonably necessary to enforce the law.

Information that you provide through various means will be kept safe and secure within MA.

MA may also use your personal information for the purposes of direct marketing in relation to promotional activities where it is impracticable for us to obtain your prior written consent. However, when MA does this, we will provide an express option for you to decline receiving any further marketing communications from MA, via an opt out mechanism. MA will only send you emails if you have elected to receive such emails or if they are in response to an email we have received from you.

At anytime, you may also notify us if you do not wish to receive marketing materials or other communications from MA. Please put this request in writing and send to the address below or telephone MA on (03) 9684 0500, or e-mail events@ma.org.au

Should your contact details or address change, please inform us.

If you have any queries or concerns about your personal information which MA maintains, please send the details of your query or concern in writing to:

Motorcycling Australia Limited
PO Box 134
SOUTH MELBOURNE VIC 3205

Thank you for taking the time to read this important statement.



FIM ANTI-DOPING CODE

I, as a member of an FMN and/or a competitor in an FMN or FIM authorised or recognised meeting, hereby acknowledge and agree as follows:

1. I have been referred to and have had an opportunity to review the FIM Anti-Doping Code in force which can be found at the FIM and WADA websites (www.fim.ch or www.wada-ama.org).
2. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Code, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules.
3. I acknowledge and agree that the FMN and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Code.
4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Code, after exhaustion of the process expressly provided for in the FIM Anti-Doping Code, may be appealed exclusively as provided in Article 12 of the FIM Anti-Doping Code to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport.
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I have read and understand this Acknowledgement and Agreement.

Date

Print name (Last Name, First Name)

Date of Birth
Day/Month/Year

Signature (or, if a minor, signature
of legal guardian/representative)

Office Use Only

Original received by (FMN or FIM body): Motorcycling Australia
147-149 Montague Street
South Melbourne VIC 3205
Australia

Stamp:

Date: _____