



Malta Motorsport Federation

P.O. Box 30, Valletta, VLT 1000. Malta
maltamotorsport@gmail.com



Members of Federation Internationale de l'Automobile

Application for Malta Motorsport Federation Competition Licence

Fill in this form to apply for, or renew an MMF Competition Licence.

If you are applying for both an Entrant Licence and a Competition Licence, please fill in two separate applications.
Please type your answers or write in BLOCK CAPITALS

Section 1 – Your details

Surname:

First names:

Address and postcode:

Postcode

Telephone numbers:

E-mail address:

Nationality: Date of birth

Are you: Male

Female

If you have held, or hold at present any other Competition Licence please indicate

Nationality of licence held: Licence No

Section 2 – Medical information (must be completed by all competitors whether a medical is needed or not)

Our doctor's name:

Address:

Post code: Telephone No

Have you recently had a medical examination? (answer yes or no)

Have you been immunised against tetanus in the past 10 years?



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Have you been prescribed, or are you taking any of the substances shown in WADA listings (www.wada-ama.org)?

If “Yes” ask your doctor to complete the Therapeutic Use Exemption form.

Yes No

Do you have a physical problem with, or permanent difficulty in, using your arms and legs for driving? If “Yes” please give details below.

Yes No

Have you ever been treated for any of the following?

Severe psychiatric illness or mental disorder: Yes No

Diabetes: Yes No

Severe giddiness, fainting or blackouts: Yes No

High blood pressure: Yes No

Heart disease or heart disorder: Yes No

Epilepsy: Yes No

A severe head injury which led to concussion or unconsciousness: Yes No

If “Yes” give details below (including details of medication and treatment you received or are receiving).

Have you ever had any disease or disorder of the eyes other than needing glasses or contact lenses? (If “Yes” give details below).

Yes No

Have you ever been refused life assurance for medical reasons?

If “Yes” give details below.

Yes No

Please state type of competition licence required by ticking in the appropriate box.

Car Club	<input type="checkbox"/>	Motorcycle Club	<input type="checkbox"/>	Kart Club	<input type="checkbox"/>
Car National	<input type="checkbox"/>	Motorcycle National	<input type="checkbox"/>	Kart National	<input type="checkbox"/>
Car International	<input type="checkbox"/>	Motorcycle International	<input type="checkbox"/>	Kart International	<input type="checkbox"/>



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Applicants applying for a National licence must have previously held a Club licence, and those applying for an International licence must have previously held a National licence. Applicants for National or International Car and Motorcycle licences must be over 18 years of age. If you are applying for a National or International licence please give details of previous licences below.

I confirm that all the above information is correct.

Date of application:

I. D. No:

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Section 3 – Your doctor’s medical report on you (to be completed by your doctor)

To your doctor

Please read through declarations in page 1 and 2 before completing this section for your patient whose name is on the front of this form

1. Your practice stamp (together with your name and qualifications)

2. Are you the applicant’s usual doctor?

Yes

No

3. Is there any evidence of abnormality of the heart or cardiovascular system?

Yes

No

If “Yes” give details below.

If the applicant is 45 or over and applying for an “International” licence, we need a written report on a stress related ECG.

4. Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a competition licence for motorsport? If “Yes” give details below.

Yes

No

5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? If “Yes” give details below.

Yes

No



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6. Vision – Uncorrected

R eye /

L eye /

Corrected

R eye /

L eye /

Vision with both eyes open (Wearing corrective lenses if necessary)

/

Field of vision:

/

Is the applicants colour vision normal? If "No" give details below.

Yes No

7. Blood pressure

/

8. Is the urine analysis normal? (If "No" give details below)

Yes No

This is to certify that I have examined the applicant in line with this form.

Your doctor's signature:

Date of examination:

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Section 4 – Checklist and declaration

Please include the following with your signed application:

Photocopy (both sides) of your I D card issued in Malta.

Two passport photographs countersigned with your name and date of birth on the reverse.

Any medical documents supplied by the doctor who has examined you.

The application fee for a Competition Licence as set out by the Malta Motorsport Federation (Euro 50.00).

Any previous licences you have held (from any country).

Photocopy (both sides) of your valid Maltese driving licence.

These are the two doctors assigned by the MMF:

Dr. David Tanti. MD. MMCFD.
St. Mary's Clinic.
No 6, Triq Luois F Mizzi. Iklin IKL 1061.
Tel: 21415107 99494225

Dr. Joseph Xuereb. MD. FRCGP.
3, Quarries Street, Mosta MST 07.
Tel: 21432661

By signing the declaration below, you are giving us permission to get a medical report from your doctor (if we need one). We cannot process your application if you do not sign this declaration, so please read this checklist and the procedures for dealing with medical reports. Please tick the appropriate boxes below.

I have filled in all the relevant parts of this form

Yes No

I have attached two (2) photographs with my name and date of birth on the reverse

Yes No



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AI have attached all the information you need, as provided by my doctor

Yes No

I have enclosed the correct payment (Euro 50.00)

Yes No

I have enclosed my previous licences (only if upgrading)

Yes No

Now please read the following statements and sign below:

I understand and will comply (follow) with the requirements of the Malta Motorsport Federation in all matters.

I understand that if I have given any false information in this application, you may take disciplinary action against me. This might include my licence being permanently withdrawn.

I will not do anything that could damage the reputation of or have any negative effect on motor sport generally. I understand that if I do so you may take disciplinary action against me.

I undertake to make no use of drugs or of prohibited methods such as are defined in The Prohibited List of the World Anti-doping code of the WADA and the Anti-doping code of the FIA (see Appendix 2.207 or www.wada-ama.org).

I will not take part in any practice or competition while under the influence of drugs or alcohol.

I agree to your medical consultant getting information about me from any doctor who has ever seen me about anything which affects my medical, physical or mental health.

I understand that you may hold information about me on your computer system.

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 motor sport to the Malta Government, and I therefore request that the MMF endorse my licence with the word "Professional" and further with the EU flag, in accordance with FIA regulation 52.

Your name in
Block capitals

Your signature

Date

Your photograph

Now please return this form, your payment, and any other information you have to provide, to:

The Treasurer

Malta Motorsport Federation

Po. Box 30;
Valletta VLT 1000
Malta - EU