



## ATCUAE AUTO COMPETITION LICENCE APPLICATION FORM 2012

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

You should read and understand the enclosed notes before filling in this form. If you have any questions, or need help filling in this form, please, phone our Competition Licence Section on 04 292 1122

If you are applying for both an entrant licence and a competition licence, please fill in two separate applications, one for the entrant licence and one for the competition licence.

**Please type your answers or write in BLOCK CAPITALS**

### Section 1 - Your details

Surname / Entrant

First name(s):

Address and P.O. Box No

Mobile phone:  Male  Female

E-mail(s):

Nationality (as shown in your passport)  Passport number:

If you have ever held an ATCUAE competition licence - insert No  Date of birth:

### Section 2 - Medical information (to be completed by all competitors (excluding Entrant))

Your doctor's name:

Address, postcode, P.O. Box No

Phone:

Have you recently had a medical examination? Yes  No  (If 'No', we recommend you have one)

Have you been immunised against tetanus in past 10 years? Yes  No  (If 'No', we recommend immunisation)

Have you been prescribed or are you taking any of the substances shown in the WADA listing (see [www.wada-ama.org](http://www.wada-ama.org))? Yes  No  (If 'Yes', and ask your Doctor to complete the Therapeutic Use Exemption form (see [www.wada-ama.org](http://www.wada-ama.org)))

Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving? Yes  No  (If 'Yes', give details below)

Have you ever been treated for any of the following?

|  |                              |                             |                        |                              |                          |
|--|------------------------------|-----------------------------|------------------------|------------------------------|--------------------------|
| a) a severe psychiatric illness or mental disorder                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | e) high blood pressure | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| b) severe giddiness, fainting spells or blackouts                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | f) diabetes            | Yes <input type="checkbox"/> | <input type="checkbox"/> |
| c) a severe head injury which led to concussion on unconsciousness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | g) epilepsy            | Yes <input type="checkbox"/> | <input type="checkbox"/> |

d) heart disease or heart disorder Yes  No

If 'Yes', give details below (including details of medication and treatment you received of are receiving):

Have you ever had any disease or disorder of the eye other than needing glasses/ contact lenses? Yes  No

If 'Yes', give details below

Have you ever been refused life assurance for medical reasons? Yes  No

If 'Yes', give details below

### Section 3 - Your doctor's medical report on you

Are you:

- 1) applying for an international licence? Yes
- 2) aged 45 or more and applying for a race or kart race licence? Yes
- 3) over 16, applying for a race or kart race licence (see note 2.9) and have never provided a medical report before? Yes

If you answered 'No' to all the above, go to Section 4 - Licences you need.

If you answered 'Yes' to any of the above, you must have a medical examination and ask your doctor to fill in this section. (You must pay any fee charged for the medical examination and for filling in this form)

#### To your doctor

Please, read the enclosed competition licence notes before filling in this section for your patient whose name is on this form.

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

2. Are you the applicant's usual doctor? Yes

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

If 'Yes', give details below:

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 motor sport? Yes

If 'Yes', give details below:

5. Does the applicant have any physical abnormality or restriction of movement in the arms or legs? Yes

If 'Yes', give details below:

6. Vision - Uncorrected R eye  L eye   
 Corrected R eye  L eye

Corrected vision, with both eyes open (wearing corrective lenses if necessary)

Field of vision

Is the applicant's colour vision normal? Yes

If 'No', please give details below:

**7. Blood pressure**

**8. Is the urine analysis normal?**

Yes

If 'No', please give details below:

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

Your doctor's signature:

Date of examination:

**Section 4 - Licences you need**

Tick the appropriate boxes to show the licences you are applying for. Licences run from January 1 to December 31 of the year shown on the licence. We will only issue an international licence if your medical report is satisfactory.

You must enclose the appropriate licence fees, and any other costs, when you return this form.

| Licence category                               | √ | Fee       | Amount |
|--|---|-----------|--------|
| <b>▪ Rally</b>                                 |   |           |        |
| Rally International                            |   | AED 1200  |        |
| Rally National                                 |   | AED 500   |        |
| <b>▪ Race (Section 3 must be filled in)</b>    |   |           |        |
| Race International C                           |   | AED 1200  |        |
| Race International B                           |   | AED 2800  |        |
| Race International A                           |   | AED 5500  |        |
| Race National                                  |   | AED 600   |        |
| <b>▪ Kart (Section 3 must be filled in)</b>    |   |           |        |
| Kart International C                           |   | AED 1000  |        |
| Kart National                                  |   | AED 500   |        |
| <b>▪ Drag</b>                                  |   |           |        |
| Drag International                             |   | AED 1200  |        |
| Drag National                                  |   | AED 500   |        |
| <b>▪ Novice - Restricted</b>                   |   | AED 300   |        |
| <b>▪ Entrant</b>                               |   |           |        |
| Entrant International<br>Includes 3 duplicates |   | AED 5000* |        |
| Entrant National                               |   | AED 1000  |        |
| <b>TOTAL FEE</b>                               |   |           |        |

\* or AED 1000 per event

**Your payment:**

I am paying by:

▪ cash

**Please place your  
photo here:**

## Section 5 - Checklist and declaration

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.

Please tick the appropriate boxes below:

- |   |     |                          |                          |
|---|-----|--------------------------|--------------------------|
| a) I have filled in all the relevant parts of this form.                                    | Yes | <input type="checkbox"/> | <input type="checkbox"/> |
| b) My doctor has provided any additional medical information you need and this is attached. | Yes | <input type="checkbox"/> | <input type="checkbox"/> |
| c) I have enclosed the correct payment  | Yes | <input type="checkbox"/> | <input type="checkbox"/> |
| d) I have enclosed my previous licences (only if upgrading)                                 | Yes | <input type="checkbox"/> | <input type="checkbox"/> |

Now please read the following statements and sign below.

- I understand and will comply (follow) with the 2012 competition licence notes available from [www.atcuae.ae](http://www.atcuae.ae)
- 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 by the Anti-Doping Regulations of the FIA (see [www.wada.ama.org](http://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 medical information about me from any doctor who has ever seen me about anything which affects my physical or mental health.
- **I understand that I may not enter any motorsport competition unless it has been authorised by the ATCUAE (National Events) or the FIA (International events).**

Your signature:

Date:

If you are 17 or under, your parent or legal guardian must also sign below.

Parent's or guardian's name:

Signature:

Relationship to you:

Date:

Now please return this form, your payment and any information you have to provide, to  
Automobile and Touring Club for United Arab Emirates

### Dubai Office

Al Wuheida Street, Dubai, United Arab Emirates  
Phone: 00971-4-296 1122, Fax: 00971-4-296 1133