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If Please enter your title, name, and postcode in this box, usin	hon	ne a	ddr	ess			gard	ing this for	m,	pleas	e co	nta	ict the	e ACU	on C)1788	566	6400			Plea r date vers	nam of b	e ar irth	nd on t	he
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If you hold a competition licence with any fede Note: If not British National we require a relea	eration se fro	n othe m you	r thar ur fed	n the A leratio	ACU, n	pleas	e stat	e which feder	atic	on:															
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If you are applying for an Internati Tick all the boxes which apply For FIM/FIM Europe Champions	to y hip	/ou,	us	e th	e er tate	the	sed	notes to	h nc	nelp e an nter	you d th ma	et tic	itle, ona	venu I FIN	e an	nd da	te o	of t	he e				e inc		
	Road Race	Scooter	Drag	Sprint & H	Supermoto	Pocket Bike	Fee	Orange V #		Chai	<u> </u>			nips									Rider	Pass	Fee
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National Passenger	-						£45																		
Three Wheel Car Driver							£45																		
Road Race Parade Rider							£45																		
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FIM Non Championship Sidecar Driver FIM Non Championship Passenger	-			-			£30 £30																		
Fee is £25 for 8 year olds and belo				-		-	200										_								
# issued free of charge on first licence		licatio	on. T	There	e afte	er £7	eacl	п.					٦	Fotal p	baya	able	1	E							
Section 2 - Paym If you are paying by chequ licence applicants you are	ıe,	plea	ase	e ma	ake	it	pay	able to	4	ACU	Lto	ď.	Ple	ase									l of	the	Ð
Or Enter - credit or debit card,	- T	-	-									·								cn	equ	е.			
Or Enter - credit or debit card, Card number:	- T	-	-							[]	equ	e.			

Page 1

Cardholder's signature:

Cardholder's name:

S	Section 3 - Medical information - You must complete this section						
	ase answer all the questions truthfully. A false declaration may have serious consequences. ve you ever suffered from or are you currently suffering from any of the following illnesses or conditions:	_					
1.	Epilepsy, fits, blackouts or any condition which may cause loss of consciousness?	Yes 📃	No 🗌				
2.	Any condition which might cause dizziness, vertigo or loss of balance?	Yes	No 🔄				
3.	Any mental or brain disorder such as a stroke, MS or Motor Neurone disease?	Yes	No 🗌				
4.	Any condition or operation (including spleen removal) involving your heart or main blood vessels or high blood pressure?	Yes	No 🗌				
5.	Any psychiatric or emotional illness or any alcohol/drug/substance misuse?	Yes	No 🗌				
6.	Diabetes? If 'Yes' please state whether treated by diet, tablets or insulin?	Yes 🗌	No 🗌				
	If 'Yes' then section 4 – Eyesight Report and section 5 – Medical Report, must also be completed.		_				
7.	Any condition affecting your vision or eyes, including colour blindness?	Yes 🔄	No 🔄				
8.	Have you been unconscious because of a head injury or suffered from concussion?	Yes	No 🔄				
9.	Any loss of strength, feeling, control or movement of any of your limbs, head or neck?	Yes 🗌	No 🗌				
10.	Amputation of any part of your limbs with or without an artificial replacement?	Yes	No 🗌				
11.	Any kind of tumour or cancer?	Yes 🗌	No 🗌				
12.	Are you taking any medication? (include all tablets, medicines etc. whether prescribed or bought over the counter)	Yes 🗌	No 🗌				

Please use this space to give further details if you have answered 'Yes' to any of the questions in Section 3 include the date you first developed the condition, details of any tests, investigations and of any treatment you have undergone, the names and addresses of any specialists you have seen, hospitals you have attended, and full details of any medication. If you have answered 'yes' to questions 1-6 a medical report will be required yearly/annually. If this is the first time you have answered 'yes' to questions 7-12, a medical report may be required annually dependent on the exact nature of your condition. Further information can be found at www.acu.org.uk/general/medical-matters.aspx

Section 4 - Eyesight Report - Complete this section if:

You are a Road Race or Scooter Road Race first time applicant Vou are a Road Race or Scooter Road Race licence holder renewing and your last eyesight report was 3 years ago or more Vou are aged 55 or over Vou are being treated for diabetes Vou are applying for an International licence

To your doctor or optician

Please read these notes before filling in this section for the applicant whose name is on the front of this form.

The minimum corrected visual acuity must be 6/6 with both eyes open together. The minimum binocular field should measure at least 120 degrees along the horizontal meridian with no defects within the central 20 degrees. This should be a simple confrontation visual field examination rather than automated perimetry testing. The applicant, for any event except Trials, must have normal colour vision in that they can distinguish the primary colours red and green.

1.	Uncorrected vision:	Right eye:	6 /	Left eye:	6 /		Binocular:	6 /
2.	Corrected vision:	Right eye:	6 /	Left eye:	6 /		Binocular:	6 /
3.	Is the applicant's colour v	ision normal?		Yes	No			
4.	Does the binocular field o	f vision comply with	the above?	Yes	No			
Ple	ase use this space to giv	ve further details:					address of optician/ e official stamp)	doctor
Applicant's name:								
Sig	nature of optician/doctor	:			Da	ate:		

Please do not write in this space

Section 5 - Medical Report - Compl	ete this section if:						
Please note it could be 3 weeks before licence is issued							
You are aged 70 or over and / or you are being treated for diabe	tes and / or you are applying for an Intern						
To your doctor	policent where name is on the front of this form						
Please read these guidance notes before filling in this section for the ap The person to be examined is applying for a licence to compete in mote applicant does not suffer from any condition which might result in sudde and spectators. The controls of a motorcycle normally require the use of under fierce acceleration and braking forces. Competition places both p	orcycle sport events. Particular care should be ta en loss of control of his/her motorcycle thus enda of all four limbs. The applicant must be able to co	angering other riders, officia	als				
Limbs: The applicant should have sufficient power, co-ordination and s An applicant with an organic or functional loss of a limb or part of a limb "on track" assessment.	ensation in his/her limbs to maintain full control of may be referred to an ACU medical panel and	of his/her machine. be subject to					
Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance. Diabetes: A well controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if are not under consultant care, that the diabetes is normally well controlled, that they are not subject							
to hypoglycaemic or hyperglycaemic attacks (no significant episodes in associated with diabetes and that they understand their diabetes, its mo	onitoring and management.						
Cardio-vascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider 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 this Medical Report form. Any rider applying for an FIM/FIM Europe International licence and over the age of 50 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 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 loss of consciousness.							
1. Are you the applicant's regular medical attendant?		Yes 🗌 No 🗌					
2. Does the applicant have epilepsy, diabetes or any condition which m	ay cause loss of consciousness?	Yes No					
3. Does the applicant have any condition which may cause sudden loss							
4. Is there evidence of any progressive neurological disorder?							
5. Are there any signs of neoplasm which may be liable to metastasise							
 Is there any evidence of any disease or condition affecting the eyes or ears? 							
 Is there any abnormality of power, sensation, co-ordination or movement in any limb? 							
 Are any limbs or parts of limbs missing? 							
10. Does the applicant have hypertension?			i				
If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement requirement 180mmHg and/or diastolic greater or equal to 100mmHg. Answer n	ents? (Answer no if resting systolic BP consistent	tly greater or equal to	' cle)				
11. If the applicant has insulin dependent diabetes are there any signs of ne	europathy, retinopathy or other complications?	Yes No					
12. If the applicant has insulin dependent diabetes are they subject to epis							
13. Is the applicant suffering from any psychiatric illness?			İ				
14. Is the applicant dependent on alcohol, drugs or other substances?			İ				
15. Is the applicant taking medication?			i				
If 'yes' please give full details in the space below and confirm that t prohibited methods. If the medication is banned and the applicant i TUE (Therapeutic Use Exemption) form will need to accompany thi www.wada-ama.org or is available on request from the ACU.	he medication is not within the WADA prohibited s applying for an FIM World Championship or	I classes of substances and Prize Event licence, then a in be downloaded from	a				
16. Is the applicant medically fit to hold a competition licence and 17. I am unsure of the applicant's fitness and wish to refer him / h		Yes 🗌 No 🛄]				
Please use this space to give further details:	Qua	& Address of Doctor, including alifications & GMC number Please use official stamp					
Applicant's name:	Date of birth:						
Signature of doctor:	Date:						

Section 6 - Declaration & Acknowledgements - You must complete this section Please read all the following statements and sign on the next page 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 read and comply with the National Sporting Code and the Standing Regulations of the ACU.
- I understand that it is my responsibility to ensure that I have the correct licence/registration card for any competition I enter and that my licence/registration card will not guarantee my entry into, or acceptance into, any competition.
- I consent to the collection and retention of my personal information by the ACU.
- I consent to any necessary information concerning an injury at an event being given by the attending doctor/paramedic/first-aider to the Clerk of the Course or incident officer of the event and also to my own doctor and my relatives. The doctor may also give information to other persons, according to the doctor's own professional ethical code.

Acknowledgement and Agreement of the FIM Anti-Doping Code (Appendix 2)

I, as a member of the ACU and/or a competitor in an ACU or FIM authorised or recognised meeting, hereby acknowledge and agree as follows: I undertake to familiarise myself with the FIM Anti-Doping Rules. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Rules, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doping Rules. I acknowledge and agree that the FMNs and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Rules. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport. 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. I have read and understand this Acknowledgement and Agreement.

•	Acknowledgement of the risks of motorsport Motorsport is an extremely dangerous activity. It is important that all competitors think very whenever they compete.	ту са	arefully about the risks they are undertaking						
	It must be recognised by all competitors that there will be accidents and that a number of competitors may die, whilst others may be permanently disabled or sustain serious injuries and it could be you. All competitors must appreciate that they participate in motorsport entirely at their own risk.								
	One of the main risks in motorsport is obviously speed. Situations which would not give r	ise t	to major danger at low speed can have extremely						
	serious consequences at high speed and in a competitive environment. While the organisers will do their reasonable best to make the event as safe as possible, made. It must, however, be recognised by all competitors that where an accident occurs i organisers will not be the principal cause of any serious injury sustained. The dominant cause of any serious injury will be the fact that the accident happened at spe The risk of accidents is one of the inherent risks involved in motorsport and every competitor The ACU is not prepared to accept personal injury claims (other than those covered under the who have willingly participated in what they know to be a dangerous sport. Any claims will be evidence of the competitor's acknowledgement of the risks inherent in motorsport and that the voluntary decision to engage in competitive sport rather than any alleged negligence by the	ed i or m the l be vi	uch circumstances, any fault on the part of the n a competitive environment. ust consent to this. Personal Accident Policy brought by competitors gorously defended, and this form will be used as dominant cause of any serious injury will be his/her						
•	Declaration								
	 I have read and understood this form. I understand that by taking part in motorsport I am exposing myself to a risk of death, becovery serious injury. I acknowledge that even in the event that negligence on the part of the ACU, any other geor any individual who is employed by or carries out duties on behalf of any of these entitie injury I may suffer, the dominant cause of any serious injury will always be my voluntary of accept that insurance arranged on my behalf by the organisers of events that I may enter participants. I understand that this form may be used in litigation as evidence that any serious injury we engage in a high risk activity. I acknowledge that my participation in motorsport is entirely at my own risk. 	over es, v decis er sp	rning body, any race organiser, any circuit owner, were to be a contributory cause of any serious sion to take part in a high risk activity. becifically excludes liability between the						
•	First application – please remember to attach a photograph, and if Under	18 ;	a copy of Proof of Age						
•	Complete payment details or enclose a cheque Note - Licence cards need to be presented at Events.								
F	Your signature:		Date:						
			bate.						
d D I I	esponsibility. The Parent or Person with Parental Responsibility must attend uration of the event. eclaration in respect of minors under the age of 18 have read and understood the "Acknowledgement of the risks of motorsport" which appears herent in motorsport which include the risk of death or permanent disablement.								
Т	ne minor does not suffer from any physical, medical or mental disability which would make	it ur	nsafe for him/her to participate as a competitor.						
	accept that it is my responsibility to ensure that the minor and I have read and understood e egulations, Supplementary Regulations and Final Instructions subsequently issued and En								
	accept that photographs or video footage may be taken of my child by officials dealing with ay also be taken for promotional purposes and may appear on the ACU website or in ACL								
	to the best of my knowledge and belief the minor possesses the standard of competence ne late and that the machines entered will be suitable, safe and will comply with the Regulation								
	Parents / Person with Parental Responsibility name:		Signature:						
	Relationship to applicant:		Date:						
	ACU Club Membership (applicable to all applicants).								
	I am / my child is a current member of the ACU affiliated club stated below: Please do not send this form to us unless you have acc membership code. Note: many clubs will arrange to receive your completed application form, verify								
	Please do not send this form to us unless you have acc membership code.								
	Please do not send this form to us unless you have acc membership code. Note: many clubs will arrange to receive your completed application form, verify lame of Club:								
L	Please do not send this form to us unless you have acc membership code. Note: many clubs will arrange to receive your completed application form, verify lame of Club: Jnique Club Membership Code		nd then forward it on to us for you.						
L	Please do not send this form to us unless you have acc membership code. Note: many clubs will arrange to receive your completed application form, verify lame of Club:								

Please return this form, your payment, and any other information you have to provide, to us.

Licence Department, Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX

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