



## 2020 FIM-FIME LICENCE AND INSURANCE APPLICATION FORM

Instructions to Applicant: Send to [licence@acu.org.uk](mailto:licence@acu.org.uk)

- **Your completed application and**
- **FIM Medical Examination form completed by a medical practitioner and**
- **Complete the On-line Anti-Doping Education Program (ALPHA) <https://adel.wada-ama.org/>**
- **Sign the Appendix 3 – Rider Consent Form**
- **For Licence/Insurance prices please contact the - ACU Licence Dept or The Relevant Sporting Secretary 01788 566400**

**Insurance:** There is now a single process for applying for your FIM-FIME Licence and Insurance. The FIM's Riders Insurance Scheme attaches automatically to each FIM-FIME Licence. It cannot be purchased separately. Multiple Licence holders will require a policy for each licence. Key benefits include:

- Up to 400,000 CHF for urgent medical care
- Unlimited medical evacuation costs to nearest appropriate medical facility
- Unlimited medical and mortal remains repatriation costs to Riders home country
- Accidental death benefit 50,000 CHF (10,000 CHF if under 16 years of age)
- Permanent accidental disablement scaled benefit up to 50,000 CHF (200,000 CHF if under 16 years of age).

**Eligibility:** To be eligible for an FIM-FIME Licence you must be:

A UK citizen or permanent resident eligible for NHS Cover and hold a current ACU Competition Licence. Your ACU Competition Licence must valid when you hold an FIM-FIME Licence.

**British Events:** You can use your ACU Competition Licence to compete in an International Event held in Great Britain except for World and Continental Union Championships being conducted in Great Britain. You will need a specific FIM=FIME Championship Licence to contest in any World and Continental Union Championship events.

Please note: **Street Circuit events will not be covered under the FIM Insurance Program.**

### **For Insurance Claims**

In the event of an insured occurrence, the Insured or a representative person should do everything possible to contact the insurer immediately and not to make his own arrangements for assistance from any third party without the Insurer's prior consent. Should the Insured fail to obtain the Insurer's consent, the insurer reserves the right to reduce or refuse to pay benefits in the event of a loss. For all information relating to a loss and/or in an emergency, please contact TSM Assistance call centre (24/7):

- TSM Insurance Company, Cours de Rive 2, 1204 Geneva
- Phone: +41 22 819 44 59 - Fax +41 22 819 44 99,
- E-Mail: [operations@tsm-assistance.com](mailto:operations@tsm-assistance.com)

Remember: The insured must be in possession of his/her FIM-FIME licence number.



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### Benefits (limits in CHF)

DESCRIPTION OF BENEFITS	MAX. PER INSURED IN CHF	GEOGRAPHICAL LIMITS
<b>MEDICAL EXPENSES ONLY FOLLOWING AN ACCIDENT/ILLNESS DURING AN INSURED EVENT</b>		
Medical expenses Reimbursement, advance or coverage of real expenses in addition to and/or in place of the primary Health Insurance scheme or any other complementary public or private plan.	max. 400'000.00 or specific case mentioned in article 8 (guarantee limited to CHF 125K)	Worldwide
<b>MEDICAL ASSISTANCE</b>		
Search and rescue	max. 50'000.00	Worldwide
Medical transportation: - Medical evacuation - Medical repatriation	Unlimited	Worldwide
Sending out a doctor	Unlimited	Worldwide
In-patient & out-patient care	Assistance Hotline	Worldwide
Assistance in the event of death: - Repatriation of mortal remains - Assistance with formalities following a death - Costs of coffin	Unlimited	Worldwide
Early return of the person accompanying the insured	Unlimited	Worldwide
Visit by close family members	max. 5'000.00	Worldwide
24/7 worldwide medical advice	Assistance Hotline	Worldwide
Access to network of medical service providers	Assistance Hotline	Worldwide
Second medical opinion	Assistance Hotline	Outside country of residence
Sending out medication not available locally	Priority Shipment	Worldwide
Linguistic assistance	Assistance Hotline	Outside country of residence
Psychological assistance for insured person and/or their near family	2 consultations	Worldwide
<b>TRAVEL ASSISTANCE</b>		
Trip interruption	max. 10'000.00	Worldwide
Extension of stay	max. 2'000.00	Worldwide
<b>BENEFIT FOR ACCIDENTAL DEATH &amp; ACCIDENTAL PERMANENT DISABILITY ONLY FOLLOWING AN ACCIDENT DURING AN INSURED COMPETITION INCLUDING ACCIDENT RELATED TO CARDIAC DISTRESS OR STROKE</b>		
Accidental death benefit	max. 50'000.00	Worldwide
Accidental permanent disability, in case of disability at greater than 55%, the indemnity paid shall be 100% of the insured capital	max. 50'000.00	Worldwide



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Name: \_\_\_\_\_

DOB: \_\_\_\_\_

ACU Licence No: \_\_\_\_\_ you must hold a valid ACU/SACU Licence

**Event Details:**

Please complete the following information to obtain your FIM-FIME Licence/Insurance:

Annual Licence – please specify \_\_\_\_\_

**One Event Licence**

	Name of Championship Events(s):	Venue & Country	Dates of Event	IMN/EMN of Events:
1				
2				
3				

**Payment Details**

Cheques made payable to ACU Ltd

Card No \_\_\_\_\_ Exp Date \_\_\_\_ / \_\_\_\_

CVC (3 digits) \_\_\_\_\_

Cardholder \_\_\_\_\_ Amount £ \_\_\_\_\_

Cardholder signature \_\_\_\_\_



**2020 FIM-FIME LICENCE AND INSURANCE APPLICATION FORM  
FIM-FIME ANTI-DOPING CODE**

**APPENDIX 3 - Rider Consent Form**

As a member of a National Federation or the FIM and/or a participant in an event authorized or recognized by the FIM, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the“Code”) and the International Standards issued by the World Anti-Doping Agency (“WADA”), as amended from time to time, and published on WADA’s website.
2. I acknowledge the authority of the FIM and its member National Federations and/or National Anti-Doping Organizations under the FIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the FIM Anti-Doping Rules.
3. I 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, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
4. I acknowledge and agree that the decisions of the 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.
5. I understand that:
  - a. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by the FIM and its member National Federations and/or National Anti-Doping Organizations and WADA for anti-doping purposes;
  - b. WADA-accredited laboratories will use the anti-doping administration and management system (“ADAMS”) to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
  - c. I may have certain rights in relation to my Doping Control-related data under applicable laws and under WADA’s International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;
  - d. If I object to the processing of my Doping Control-related data or withdraw my consent, it still may be necessary for the FIM and its member National Federations and/or National AntiDoping Organizations and/or WADA to continue to process (including retain) certain parts of my Doping Control-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.
  - e. preventing the processing, including disclosure, of my Doping Control-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an antidoping rule violation, under the Code;
  - f. to the extent that I have any concerns about the processing of my Doping Control-related data I may consult with the FIM and/or WADA (privacy@wada-ama.org), as appropriate.
6. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization’s similar system for the sharing of information, and to the entry of my Doping Control, whereabouts, Therapeutic Use Exemptions, Athlete Biological Passport, and sanction related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, Prohibited Substance or Method, and/or tribunal decision, may be publically disclosed by the FIM and its member National Federations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
7. I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country.

I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

**Signature:** .....

**Date:** .....

**Print Name:** .....

**Date of Birth** .....



## 2020 FIM-FIME LICENCE AND INSURANCE APPLICATION FORM

### MEDICAL HISTORY AND EXAMINATION GUIDELINES

Every rider taking part in motorcycle events must be medically fit. For this reason the history and an examination are essential. The Medical History forms are found in Appendices A and B. The Medical Examination Certificate is valid for the year in which the licence is issued. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

In addition to the medical examination, an applicant for any licence in **Cross-country rallies** (World Championship, FIM Prize, International Events) must undergo and pass successfully an echocardiogram once in their lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

#### Applicants over 50 years

Applicants aged over 50 years except in Trials must attach with their licence application a certificate of medical fitness including a normal exercise tolerance electrocardiogram which is required at least every 3 years. In Trials an exercise tolerance electrocardiogram is also required if there are known significant risk factors for or history of cardiac disease.

The limit for the maximum age in Road Racing GP and SBK World Championships finishes at the end of the year in which the rider reaches the age of 50.

#### 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 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

- a) For all disciplines except trial, the minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum field should measure 160 degrees, 30 degrees vertical.
- b) For Trial, the minimum corrected visual acuity must be 6/6 [10/10] with one or both eyes open together. The minimum field should measure 160 degrees, (120 degrees for monocular vision with 60 degrees each side) 30 degrees vertical.
- c) For all disciplines, spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.
- d) Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.
- e) Double vision is not compatible with the issuing of a competition licence.
- f) The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

#### Hearing and Balance

A licence can be issued to an applicant with impaired hearing but not to an applicant with a disturbance of balance. A rider with impaired hearing must be accompanied at the riders briefing by a person with normal hearing who can communicate the information either by signing or in writing. The rider must wear a clearly visible tag that identifies him/her as hearing-impaired to the marshals and medical personnel in case of an accident/incident. The rider must also comply with the requirements of Article 09.3.4 of the FIM Medical Code.



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### **Diabetes**

In general, it is not considered advisable for diabetics to enter motorcycle events. All well controlled diabetics not subject to hypoglycaemic attacks, and having neuropathic complications, nor and ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

### **Cardio – Vascular System**

In general, a history of myocardial infarction 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 the medical examination form.

### **Neurological and Psychiatric Disorders**

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

### **Fits or unexplained attacks of loss of consciousness**

A licence will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness during a period of 5 (five) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, the applicant may be granted a licence.

### **USE OF WADA PROHIBITED SUBSTANCES**

Applicants using substances included in the WADA Prohibited List will not be accepted except with a valid Therapeutic Use Exemption (TUE) approved by the FIM.

### **ALCOHOL**

Applicants with an alcohol addiction will not be accepted.

### **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.

### **COST OF MEDICAL EXAMINATION**

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

**AUTO CYCLE UNION  
ACU HOUSE  
WOOD STREET  
RUGBY  
WARWICKSHIRE CV21 2YX  
01788 566400  
[licence@acu.org.uk](mailto:licence@acu.org.uk)**



## 2020 FIM-FIME LICENCE AND INSURANCE APPLICATION FORM

### APPENDIX A

### MEDICAL HISTORY FORM

(to be completed by applicant)

#### Personal Data:

Name:	First name:	Date of birth:	
Address:			
Sex:	male	female	FMN:

No	Yes	Details
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Loss of consciousness for any reason dizziness or headache

Eye problems (except glasses)

Asthma

Allergy to medicines or drugs

Diabetes

Heart problems

Blood pressure disorder

Stomach problems (ulcer, etc)

Uro-genital problems

Epilepsy or convulsions

Mental or nervous disorder

Problems with arms or legs incl. muscle cramp or joint stiffness

Blood disorder with tendency to bleeding

Blood group

Operations

Do you take any medicine or drugs regularly?

**If you take any medicine or drugs regularly, please list below the medicine or drugs:**

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- c. In case of an injury and/or illness I give permission to the Medical Staff of the event to release any relevant information **to my next-of-kin and team manager.**
- d. I will immediately inform the relevant FIM Medical Officer /FIM SBK Medical Director/FIM Medical Director/ Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete
- e. I declare that the information that I have given is the truth.
- f. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN

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



## 2020 FIM-FIME LICENCE AND INSURANCE APPLICATION FORM

Appendix B

Personal Data:

Name:		First name:		Date of birth:		
Address:						
Sex:		male	female	FMN:		
Normal				Abnormal	Details (if abnormal)	
<input type="checkbox"/>	<b>Cardio-vascular system</b>			<input type="checkbox"/>		
<input type="checkbox"/>	*Exercise tolerance ECG			<input type="checkbox"/>		
<input type="checkbox"/>	*Echocardiography			<input type="checkbox"/>		
<input type="checkbox"/>	Blood pressure			<input type="checkbox"/>		
<input type="checkbox"/>	Pulse			<input type="checkbox"/>		
<input type="checkbox"/>	Respiratory system			<input type="checkbox"/>		
<input type="checkbox"/>	Nervous system			<input type="checkbox"/>		
<input type="checkbox"/>		central	<input type="checkbox"/>			
<input type="checkbox"/>		peripheral	<input type="checkbox"/>			
<input type="checkbox"/>	Ear, nose and throat, right			<input type="checkbox"/>		
<input type="checkbox"/>	in particular vestibulo-cochlear apparatus			<input type="checkbox"/>		
<input type="checkbox"/>		left	<input type="checkbox"/>			
<input type="checkbox"/>	Locomotor-system			<input type="checkbox"/>		
<input type="checkbox"/>		arm	right	<input type="checkbox"/>		
<input type="checkbox"/>			left	<input type="checkbox"/>		
<input type="checkbox"/>		leg	right	<input type="checkbox"/>		
<input type="checkbox"/>			left	<input type="checkbox"/>		
<input type="checkbox"/>		spine	<input type="checkbox"/>			
<input type="checkbox"/>	Abdomen (hernia)			<input type="checkbox"/>		
<input type="checkbox"/>	Urine			<input type="checkbox"/>		
<input type="checkbox"/>		Albumen	<input type="checkbox"/>			
<input type="checkbox"/>		Glucose	<input type="checkbox"/>			
<input type="checkbox"/>	Eyes: Distant vision			<input type="checkbox"/>		
<input type="checkbox"/>		without	right	<input type="checkbox"/>		
<input type="checkbox"/>		correction	left	<input type="checkbox"/>		
<input type="checkbox"/>		with	right	<input type="checkbox"/>		
<input type="checkbox"/>		correction	left	<input type="checkbox"/>		
<input type="checkbox"/>	colour vision			<input type="checkbox"/>		
<input type="checkbox"/>	visual field			<input type="checkbox"/>		

\* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

Except in Trial an exercise tolerance electrocardiogram is required for riders aged 50 years and over.

- I, the undersigned, certify that I am this person/rider's medical practitioner and familiar with his/her medical history.
- I, the undersigned, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibited method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- I, the undersigned, know of no medical reasons why this person cannot operate a motorcycle**
- I, the undersigned, certify that this person is medically NOT FIT to take part in motorcycle events
- I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.

Date of examination

Signature and stamp of Doctor