



www.maltamotorsport.org

Malta Motorsport Federation,  
P.O. Box 30, Valletta VLT 1000  
Email: licence@maltamotorsport.org  
Tel: +356 9949 4294

For Official Use

Date Submitted:

MMF Licence No

**MMF LICENCE APPLICATION FORM 2018****LICENCE TYPE, GRADE & FEE****LICENCE VALID TILL 31.12.2018**

A Minimum of fourteen (14) working days are required to process the Licence, from the date of submitting the full application. Application cannot be processed in less than seven (7) Days.

CATEGORY	GRADE	Fee (€)	Tick	GRADE	Fee (€)	Tick
<b>National Events</b> Medical Examination Required Every 2 years	<b>National events. Medical Examination Required yearly. Stress ECG is required for applicants having 45 years and over and/or have suffered any medical condition in these last 12 months, annually/or as and when required by the Medical Examiner.</b>					
National Go Kart	C Senior (15 years old and over)	35.00		C Junior (Up to 14 years old)	5.00	
National Go Kart	Entry (Up to 8 years old)	FREE				
National Go Kart	Entrant	5.00		Mechanic	35.00	
National Circuit Racing, Hill Climb or Sprint	Hill Climb / Sprint	35.00		Circuit Racing	35.00	
National Off-Road or Drifting	Off-road	35.00		Drifting	35.00	
National Drag Racing	Drag Racing	35.00		Specify Class		
National Team or Organiser	Team*	250.00		Organiser	350.00	
<b>International Events</b> Medical Examination Required Yearly	<b>International events. Competitors holding National licence can upgrade to International after having completed 4 events in the previous calendar year in the same grade and category. To maintain licence competitor must compete in at least one national event annually.</b>					
International Go Kart	C Senior (15 years old and over)	90.00		C Junior (Up to 14 years old)	50.00	
International Go Kart	Entry (Up to 8 years old)	FREE				
International Go Kart	Entrant	15.00		Mechanic	50.00	
International Circuit Racing, Hill Climb or Sprint	Hill Climb / Sprint	90.00		Circuit Racing	90.00	
International Off-Road or Drifting	Off-road	90.00		Drifting	90.00	
International Drag Racing	Drag Racing	90.00		Specify Class		
International Team	Team*	300.00				

PHOTO

N.B. Cash Not Accepted;  
If Licence is required in less than  
7 working days add €30 Priority  
Fee to the Total Amount.

Cash

Cheque No

Amount  
paid

€

**Please include:**

1. Copy of ID card / Passport
2. Copy of Driving Licence - 18 yrs+;
3. Copy of Expired MMF Licence;
4. One recent Passport Photo;
5. Any relevant Medical documents;
6. Commissioner Statement;
7. Assessment Results if applicable.
8. FIA MMF Race True Diploma

Member Club Name

\*Team Name

**APPLICANT PERSONAL CONTACT DETAILS**Applicant Name & Surname  
(Team/Organiser Details)

Residential Address

Postcode:

Telephone

Off:

Home:

Mobile:

Date of Birth (DD/MM/YY)

Identity Card No. / Passport No

Gender

Female

Male

Nationality\*\*

Email Address

Licence Grade Requested

Licence Category requested

\*\* Drivers with a Non-Maltese ID Card / Passport holder applicants who reside in Malta must produce a 'No Objection'  
from the National Sporting Authority (ASN) of the country of their passport prior to submit their application and proof of residence in Malta.

## MEDICAL APTITUDE DECLARATION for MMF LICENCE

Applicant must hand over this page to the Examining Doctor for the Medical Examination to be carried out which must be taken in less than 2 months before submitting this application.  
(N.B. Applicant must photocopy this page once filled by the Medical Examiner and present it to MMF together with original application)

Regular doctor's name, surname and address:


Is the applicant currently taking any medication and/or have any allergies or side effects of medication?

Yes

No

Have the applicant had surgical procedures in the past?

Yes

No

Have the applicant failed a breathalyser test and/or suffers from alcohol problems in these past 12 months?

Yes

No

Have the applicant passed the FIA MMF 'Race True' online course?

Yes\*

No

\*(Course can be accessed from [www.mallamotorsport.org](http://www.mallamotorsport.org). Please enclose a copy of the 2017 or 2018 Diploma – Children under 12 years of age is not obligatory)

Have the applicant ever been diagnosed with and/or have or had treatment for the following:

Head injury

Epilepsy

Fainting/Blackouts

Loss of consciousness

Asthma

Liver/Kidney

Heart or lung disease

Serious illness

High Blood Pressure

Hospitalization (within last 12 months)

Diabetes

Have the applicant ever been rejected or accepted increased premium for life insurance on medical grounds?

Yes

No

If you answer yes to any of the above questions please provide details below, including names of drugs and dosages currently taken:


Does the applicant have any problems with his eyes for distant vision?

Yes

No

Is applicant's eyesight correctable with glasses or contact lenses?

Yes

No

If you answered "Yes" please provide further details below:

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Would the applicant consider to include a Personal Accident Coverage Insurance Policy once available?

Yes

No (Fees to be communicated)

**Does the applicant consider himself absolutely and unconditionally fit to participate in motor sport as a competitor?**

Yes

No

I hereby declare that the above information is true and correct.

Applicant's signature

Date

Emergency Contact Details

1) Name:

Phone No:

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2) Name:

Phone No:

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## MEMBER CLUB REPRESENTATIVE ASSESSMENT & DECLARATION

Have the applicant passed the Theoretical & Driving Assessment Programme?

Yes

No

Do you have any objection for this application to be issued with a MMF licence?

Yes

No

If you replied 'Yes' to the above question, please provide details below:

--

Club Representative Full Name:

Signature

## STATEMENT BY APPLICANT

### Statement to be read and completed by applicant:

I agree to be bound by the rules and regulations of the events I will be participating in and with the requirements of the Malta Motorsport Federation ("MMF") in all matters.

In exchange for being able to attend or participate in these events, I agree:

- to release MMF, member clubs, associations and foundations, any promoters/sponsor organisations, land owners and lessees, organisers of the events, their respective servants, officials, representatives and agents (collectively, "the Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property or vehicle damage) "harm" whatsoever arising from my participation in or attendance at the events, except to the extent prohibited by law;
- that will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that MMF and the Associated Entities could take disciplinary action against me if I do so;
- to attend or participate in the event at my own risk.

I/We acknowledge that:

- The risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
  - vehicles (or parts of them) colliding with other vehicles, person or property;
  - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the events; and
  - the failure or unsuitability of facilities (including grand-stands, fences, barriers and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the events provided by MMF and/or their Associated Entities. I certify that the statements made to MMF regarding my psychological and physical conditions and any previous illness are true and accurate. I declare that, should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges of this licence and to notify MMF and/or their Associated Entities by submitting further medical examination, the results of which are to be forwarded to MMF. I undertake not to use any drugs or medication that are considered illegal and/or use any drugs, medications or practices which contravene or are in the WADA Prohibited list or as per LN281 of 2011 and/or defined in the Anti-Doping Code of the SportMalta (SM) as the National Anti-Doping Organisation (NADO) and/or the Olympic movement, on the recommendation of the World Anti-Doping Agency (WADA). I agree to undertake any anti-doping analysis tests, including any test for alcohol that may be considered necessary by MMF. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to MMF medical assessor in order to determine my competition fitness. I understand and authorise the MMF to hold my personal information on its computer systems. 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 motorsport and therefore request that the MMF endorse my licence with the word 'Professional' and further with the EU flag, in accordance with the FIA regulation 52.

For female applicants: **I agree to abstain from taking part in any competition whilst pregnant.**

Any applicant making a false declaration is liable to refusal and cancellation of licence and/or any insurance cover if applicable.

Applicant's signature

Date

## PARENT/LEGAL GUARDIAN CONSENT

Consent Statement for applicants under 18 years:

I, (print full name)

of (print address)

  

am the parent/guardian of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and confirm its correctness. I have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Parent/Legal Guardian signature

Date

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**MMF TEMPORARY LICENCE – 2018**

**VALID MALTA ONLY UP TO 31.12.2018**

This is a MMF temporary Club licence, valid only in Malta from the time MMF, your club representative or event organiser signs it. MMF will issue your official licence within 3 weeks. The Completed Application & Medical Forms and Licence Fee must be forwarded and paid beforehand to MMF.

This Licence Grants (Name)

Licence Grade

MMF or Club/Event Organiser  
STAMP

Expiry date

31.12.2018

Signature of Authorised Person

Amount paid



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Photocopy this form once filled by the Medical Examiner and present it to MMF together with original application

For Official Use	Date Submitted: <input type="text"/>
	MMF Licence No <input type="text"/>

### MEDICAL EXAMINATION FORM FOR MMF COMPETITION LICENCE

Medical Examination must be carried out less than two (2) months before the application for a driver's competition licence is submitted to the Federation.

**Note : Applicant must present the completed Competition Licence Application Form and hand over to the Examining Doctor**

Name of Applicant  ID Card No

Address

### TO BE COMPLETED BY EXAMINING DOCTOR

Please note questions on Page 2 of the Competition Licence Application form and record any abnormality below in 'Observations/Recommendations'

- Are you the regular medical attendant of the Applicant?  Yes  No
- Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from competing in motor sport?  Yes  No

Past Medical History

3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant") :

4. Height :  Weight :

5. **Cardiovascular System :**  
 Blood Pressure : ..... mm/Hg      Pulse rate : .....      Rhythm : .....  
 Ascultation : .....      Murmurs : YES / NO Type : .....  
 Stress ECG : .....  
**(Stress ECG is required for applicants 45 years and over annually/or as and when required by the Medical Examiner)**

6. **Respiratory System :**  
 Ascultation : Lung Fields :

7. **Gastro-Intestinal System**  
 Palpation :       Ascultation :

8. **Genito-urinary System :**  
 a) Any abnormality :   
 b) Urine – Albumin :       Sugar :

9. **Central Nervous System**  
Vision Snellen's Chart  
 a. Vision :      R eye ...../.....      L eye ...../.....      With correction of applicable :      R eye ...../.....      L eye ...../.....  
 Field of Vision :      R eye ...../.....      L eye ...../.....      Pupil reaction to L & A :      R eye ...../.....      L eye ...../.....  
 Color vision :      Normal/Abnormal .....      Hearing :      Normal/Abnormal .....

(Ischiara's Chart)

b. Locomotor System :

Upper Limb: Abnormality : Yes / No      Power : .....      Reflex: .....

Lower Limb: Abnormality : Yes / No      Power : .....      Reflex : .....

Observations/Recommendations :


**THIS IS TO CERTIFY** that the above named applicant has today been examined by me and found to be :

<b>FIT</b>	<input type="checkbox"/>
<b>UNFIT</b>	<input type="checkbox"/>

physically and psychologically to drive a racing vehicle in competitive events at high speeds.

physically and psychologically to drive a racing vehicle in competitive events at high speeds.

Please tick (✓)

Blood Group

Rhesus Factor

*Applicant must show certificate of evidence to Doctor*

Doctor's name

Doctor's signature

Doctor's Mobile No.

Doctor's STAMP

Date of Examination

*Any fee charged for completion of this examination or associated with it is the responsibility of the applicant.*

**The applicant is requested to forward the completed form together with the Competition Licence Application form immediately to :**

**MALTA MOTORSPORT FEDERATION,**

**P.O. Box 30,**

**Valletta VLT 1000**

**MALTA**

**or**

**by email: [licence@maltamotorsport.org](mailto:licence@maltamotorsport.org)**

**For any enquiries please phone: (+356) 9949 4294 during office hours.**