

## MALTA MOTORSPORT FEDERATION

January 2017

## **Clearance Certificate for all Motorsport Events**

SECTION A – Event Organisers to complete			
Organisation :	Date:	Date:	
	Permit N	Permit Number:	
Event type:	Venue:	Venue:	
Abbreviations used in the action columns below:	- Satisfacto	ry: - X - See comments: - O - Not applicable	
Action Task	Action	Task	
Documentation completed:		Scrutineering audits completed	
Road closure signs and barriers in place (where applicable)		Road closure marshals in place	
Spectator areas set up		No Go areas clearly defined and all other signs and barriers in place as defined in event Safety Plan	
First aid / Ambulance on site		Fire extinguishers deployed	
Intervention vehicle crew(s) briefed and vehicle(s) ready		All course flag / observation / control marshals briefed and in place	
Communications (radio, cellphone or land lines) on site and tested.		Event timing system tested and operational	
Competitors briefing completed		New competitors briefing completed	
		Course ready for commencement of competition	
Comments:			
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Event Clerk of the Course:			
Name: [Print please]			
Name. [Print please]			
I the undersigned Clerk of the Course declare the following to be in accordance with Malta Motorsport Federation regulations applicable to this type of event and that the information detailed above is correct.			
regulations applicable to this type of event and that the	omador	dotaliod abovo lo contoct.	
Signed			
Signed			
		PLEASE TURN PAGE AND CONTINUE	

Registered Address P.O. Box 30, Valletta VLT1000, Malta, EUROPE Phone: (+356) 9945 0472, (+356) 7921 9999

Website: www.maltamotorsport.org
Email: info@maltamotorsport.org

Fax:





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SECTION B: To be actioned by – Safety Officer or Deputy Clerk of the Course.				
Name: [Print please]				
By signing below as the appointed Safety Officer / Deputy Clerk of the Course [strike out the title that is no applicable] I have given clearance for the Event to commence at (time) on//				
Signed				
SECTION C: To be actioned by – Steward or Malta Motorsport Federation Representative				
Name: [Print please]				
By signing below as the appointed Steward / Malta Motorsport Federation Representative [strike out the title that is not applicable] I confirm that this and attached documents [listed below] have been presented to me before the start of the event at (time) on/(date)				
Signed				
List of Documents presented with this checklist:				

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