

# 2025

# MALTA MOTORSPORT FEDERATION COMPETITION LICENCE APPLICATION FORM



**Please include:**

- 1. Copy of ID card / Passport
- 2. Driving Licence - 18 yrs+.
- 3. Copy of Expired MMF Licence.
- 4. One recent Passport Photo.
- 5. Any relevant Medical documents;
- 6. Assessment Results if applicable.
- 7. FIA ELearning certificate
- 8. Results of last years International Participation

**Need your licence in a hurry?\***

3-day processing, enclose an extra €75

\*Subject to approval. See Declaration point 9

We are happy to help. Call us on 21 663 663

Previous licence number D   /

**SECTION 1A | YOUR DETAILS (Please write clearly in block capitals)**

Surname \_\_\_\_\_

First name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_ Age next birthday \_\_\_\_\_

Email address \_\_\_\_\_

Nationality \_\_\_\_\_ ID Card \_\_\_\_\_

(Non-Maltese passport holders MUST enclose proof of residency in the Malta e.g. a utility bill or bank statement)

Nationality and type of any other Competition Licence you hold \_\_\_\_\_

PLEASE ATTACH A PHOTOGRAPH HERE IF YOU HAVE NEVER SUPPLIED ONE TO US BEFORE, OR IF THERE HAS BEEN A MATERIAL CHANGE TO YOUR APPEARANCE (WRITE YOUR NAME AND DATE OF BIRTH ON ITS REVERSE).

Gender	✓	Gender	✓
Female	<input type="checkbox"/>	Non-binary or Gender Fluid	<input type="checkbox"/>
Male	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Disability	YES	NO
Do you consider yourself to have a disability or long term condition?	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 1B | EMERGENCY CONTACT (Must be completed by all applicants)**

Full name \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_ ID Card \_\_\_\_\_

If your parent, legal guardian or emergency contact lives at a different address to you, please provide below

\_\_\_\_\_

\_\_\_\_\_

**SECTION 1C | HOW DID YOU USE YOUR LICENCE?**

Did you compete during 2024?  YES  NO

If 'Yes', please write the number of events you competed in next to each discipline below. If 'No', proceed to the next question below.

Karting \_\_\_\_\_ Autotest / AutoSolo \_\_\_\_\_ Drag Racing \_\_\_\_\_ Offroad \_\_\_\_\_

Circuit Racing \_\_\_\_\_ Hill Climb \_\_\_\_\_ Other \_\_\_\_\_


Were you a member of a Club in 2024?  YES  NO

## SECTION 2A | THE LICENCE(S) YOU NEED

Kart	✓	Fee
Kart International Senior - ITE**		€250
Kart International Restricted - ITF**		€250
Kart International Junior - ITG**		€250
Kart National Senior - NAE**		€120
Kart National Restricted - NAF**		€120
Kart National Junior - NAG**		€120
Kart National Mini		€120
Kart Club Non Competitive		€40
Kart Club Baby Non Competitive		€40
Entrant / Parents / Guardian		€120
Mechanic		€120

Options	✓	Fee
Local Postage		€1
Other Postage		€15
Foreign ASN License Authorisation		€50
Express Handling (3-day)		€75
Team		€200
Personal Accident (Club only)		€75

Circuit	✓	Fee
Circuit International - ITA* (If you are renewing, enclose proof that you have competed in at least one International Race in 2024)		€700
Circuit International - ITB* If you are renewing, enclose proof that you have competed in at least one International Race in 2024)		€500
Circuit International - ITC - C*		€250
Circuit International - ITD - C*		€250
Circuit National - ITA* (If you are renewing, enclose proof that you have competed in at least one International Race in 2024)		€150
Circuit National - ITB* If you are renewing, enclose proof that you have competed in at least one International Race in 2024)		€150
Circuit National - ITC - C*		€150
Circuit National - ITD - C*		€150

 Please allow 15 working days for the processing of your licence(s). Need your licence in a hurry? Opt in for 3-day turnaround.

Roads	✓	Fee
Roads International - ITD - R*		€250
Roads International - IT C - R*		€250
Roads National - NAD - R*		€120
Roads National - NA C - R*		€120
Roads Club		€40

Drag	✓	Fee
Drag International IT - DR*		€250
Drag National IT - DR*		€120

Esport	✓	Fee
Esport		€20

- All drivers have to have their medical form completed and signed by an approved sports doctor.
  - Drivers over the age of 44 will require a stress ECG.
  - A non optional personal accident cover is included with all national and international licenses
- ^ Under 18s will require an Entrant PG licence issued to their parent or legal guardian, complete section 2B.

## SECTION 2B | ENTRANT PG LICENCE DETAILS (For parent/legal guardian of under 18 Drag & Kart competitors only)

Parent's surname \_\_\_\_\_ Previous PG Licence No. (if known) \_\_\_\_\_

Parent's first name(s) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Phone number \_\_\_\_\_ Mobile \_\_\_\_\_

Email address \_\_\_\_\_ ID Card \_\_\_\_\_

PARENT/LEGAL  
GUARDIAN PHOTO  
PLEASE ATTACH A  
PHOTOGRAPH HERE IF YOU  
HAVE NEVER SUPPLIED  
ONE TO US BEFORE, OR  
IF THERE HAS BEEN A  
MATERIAL CHANGE TO  
YOUR APPEARANCE (WRITE  
YOUR NAME AND DATE OF  
BIRTH ON ITS REVERSE).

## SECTION 3 | YOUR MEDICAL SELF-DECLARATION

### 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 3 months before submitting this application.

Regular doctor's name, surname and address \_\_\_\_\_

Is the applicant currently taking any medication and/or has any allergies or side effects of medication?  YES  NO

Has the applicant had any surgical procedures in the past?  YES  NO

Has the applicant failed a breathalyser test and/or suffers from alcohol problems in these past 12 months?  YES  NO

Has the applicant passed the FIA E Learning online course?  YES  NO

### Has the applicant ever been diagnosed with and/or has 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       Diabetes       Hospitalization (within last 12 months)

Applicant's full name & Surname \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant consider himself/herself 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 \_\_\_\_\_

2) Name \_\_\_\_\_ Phone No \_\_\_\_\_



**MANDATORY FOR ALL APPLICANTS. All questions below MUST be answered by all competitors regardless of age and whether a medical is needed or not. Failure to complete this section may result in your application form being returned to you. In all cases if you answer YES please list and explain. Please see points 2 and 10 in the declaration (section 6).**

1. Have you ever been refused or had any restrictions imposed on life assurance for medical reasons?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_

2. Do you take, or have you recently taken any of the substances on the World Anti-Doping Agency prohibited list? (see H38 or www.wada-ama.org)  YES  NO

3. Have you ever had a history of drug or alcohol abuse?  YES  NO

4. Have you ever suffered with a severe allergic reaction, (requiring hospital treatment), or do you carry an EpiPen, or similar device?  YES  NO

5. Have you ever been diagnosed with diabetes or treated with insulin or drugs to lower your blood sugar?  YES  NO

6. Have you any history of any neurological disorder, including epilepsy, seizures, fits, dizziness, loss of balance, blackouts, faints, or any disorder where you may suffer loss of consciousness?  YES  NO

7. Have you ever been diagnosed with obstructive sleep apnoea, or narcolepsy?  YES  NO

8. Have you ever had any serious head injury resulting in loss of consciousness, or have you ever had concussion?  YES  NO

9. Have you ever had a stroke, cerebrovascular accident or transient ischaemic attack (CVA or TIA)?  YES  NO

10. Have you ever been diagnosed with heart disease, or any heart disorder, including any arrhythmia, angina, or high blood pressure (hypertension)?  YES  NO

11. Have you ever had a heart attack (Myocardial Infarction) or had cardiac surgery such as a coronary artery bypass (CABG) or cardiac catheterisation for any reason?  YES  NO

12. Do you take any anticoagulant drugs (excluding aspirin) to thin the blood e.g. Warfarin, Apixaban etc.?  YES  NO

13. Do you have any implanted devices e.g. pacemaker, defibrillator etc.?  YES  NO

14. Have you ever had any psychiatric illness or condition or mental disorder, including treatment for depression?  YES  NO

15. Have you ever had any neurodevelopmental condition including Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) e.g. Aspergers?  YES  NO

16. Do you have any congenital abnormality of any limbs, amputation, or any other disability or any physical problem with, or permanent difficulty in using your arms or legs for driving?  YES  NO

17. Do you wear corrective lenses (contact lenses or glasses) for driving, including competition?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_

18. Are you profoundly deaf and unable to hear?  YES  NO

19. Have you ever had any operations or surgical procedures in the last 2 years?  YES  NO

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

\_\_\_\_\_  
\_\_\_\_\_

20. Have you been diagnosed with, or treated for any condition that you think may be relevant, or that may affect your ability to control or get in and out of a vehicle?  YES  NO

If you have ticked 'Yes' to anything please provide further details including the date of diagnosis / injury / surgery, and the treatment / name of any medication you received or are still receiving.

### MEMBER CLUB REPRESENTATIVE ASSESSMENT & DECLARATION (New and license upgrades)

Has the applicant passed the Theoretical & Driving Assessment Programme?

YES  NO

Do you have any objection for this applicant to be granted a MMF licence?

YES  NO

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

Name of club \_\_\_\_\_ Rep Name & Surname \_\_\_\_\_ Signature \_\_\_\_\_

#### 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, including all MMF regulations in force at the time of the application and / or MMF Regulations that may be issued during the validity of this license and / or the FIA International Sporting code and its relative appendices.

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

- to release MMF, member organisations, 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) (hereinafter referred to as "harm") whatsoever arising from my participation in or attendance at the events, except to the extent prohibited by law;
- that I 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.
- the MMF may share my information with other clubs and motor sport entities for the promotion of the sport and my personal growth within.
- Acts of violence shall result in my automatic suspension for a minimum of one year. This may be increased by the MMF disciplinary boards.

I 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.

For female applicants: I agree and declare that I shall 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.

- motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.
- in the absence of MMF regulations on sporting matters that may arise the FIA regulations shall apply.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the events provided/endorsed/facilitated 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 validity period of this licence, I agree to abstain from exercising the privileges granted to me in virtue of this licence and to notify MMF and/or their Associated Entities by submitting to 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's medical assessor in order to determine my fitness to compete and/or participate in such motorsport events. I understand and authorise the MMF to hold my personal information on its database for the purposes herein prescribed. 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.

## Part 1

Applicant's signature

\_\_\_\_\_

Applicant's name (block capitals)

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Part 2

(If under 18)

Parent or legal guardian's signature

(The parent/legal guardian consents to agreement on behalf of the individual by way of their signature below)

\_\_\_\_\_

Parent or legal guardian's name (block capitals)

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Part 3

(If also applying for an Entrant PG licence)

Parent or legal guardian's signature

\_\_\_\_\_

Parent or legal guardian's name (block capitals)

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_