



# APPLICATION FOR KENYA MOTORSPORT FEDERATION COMPETITION LICENSE **2020**

PLEASE ATTACH A PHOTOGRAPH HERE WITH A PAPER CLIP. PRINT YOUR FULL NAME ON ITS REVERSE

Fill in this form to apply for a KMSF Competition License. All sections should be completed in full to process the competition licence.

## Section 1 – Your details

Please write clearly in **BLOCK CAPITALS**

Surname											
First names											
Postal address									Postcode		
Email address											
Mobile number											
Nationality											
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y	
Gender	Male					Female					
Driving Licence	Number					Expiry					
Motor club						Membership no.					
Amref Evacuation	Number										

## Section 2 – Your medical information

Your doctor's name											
Postal address									Postcode		
Telephone number											

**All competitors regardless of age MUST answer all questions below.**

Have you been prescribed or are you taking any of the substances shown in the World Anti-Doping Agency listings? (See <a href="http://www.wada-ama.org">www.wada-ama.org</a> )	YES		NO	
Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES		NO	
Do you have any congenital abnormality of any limbs, or amputation, or any other disability?	YES		NO	
Have you had any surgical procedures within the last 2 years?	YES		NO	
Have you been refused life assurance for medical reasons?	YES		NO	
Have you ever had any disease or disorder of the eye other than needing glasses or contact lenses?	YES		NO	
Are corrective lenses (contacts lenses or glasses) required for driving?	YES		NO	

Section 2 continued next page

**Have you ever been treated for any of the following?**

Heart disease or a heart disorder	YES		NO	
High blood pressure	YES		NO	
Diabetes	YES		NO	
Severe giddiness, fainting spells or blackouts	YES		NO	
Epilepsy	YES		NO	
Seizures or any other neurological conditions	YES		NO	
A severe head injury which led to concussion or unconsciousness	YES		NO	
A psychiatric illness, mental disorder including treatment for depression or behavioral problem including ADHD	YES		NO	

**If you have ticked 'Yes' to any of the above, please give detailed information in the box provided. It may be necessary for you to provide a written medical report from your General Practitioner or Specialist.**

List the date and details of any medical issues or surgical procedures. Also list the name and details of any medication/treatment you received or are receiving:

**Section 3 – Your doctor’s report on you**

To you doctor – **Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.**

Applicants FULL name				
Blood group				
Height				(cm)
Weight				(kg)
Blood pressure	/			
Is there any evidence of a physical or mental condition in the applicant’s medical history?	YES		NO	
Has the applicant suffered from epilepsy, seizures or any other neurological conditions?	YES		NO	
Does the applicant have any physical abnormality or restriction of movement in the arms or legs?	YES		NO	
Vision – To be recorded in metric Snellen acuity:				
Uncorrected (without corrective lenses)	R eye	6 /	L eye	6 /
Corrected (wearing corrective lenses if necessary)	R eye	6 /	L eye	6 /
Vision with both eyes open (wearing corrective lenses if necessary)	6 /			
Are corrective lenses (glasses or contact lenses) required for driving?	YES		NO	
Is there any ocular history that suggests the possibility of visual field loss?	YES		NO	

**If you have ticked 'YES' to any of the questions above, please provide further details in the box below**

Doctor’s comments:

*Section 3 continued next page*

Sign below to certify that you have examined the applicant and all information is correct.

Doctor's Name	
Qualification	
Doctor's practice stamp	

**Your (doctor's signature)**

**Date of medical examination**

DOCTOR'S SIGN HERE

DD/MM/YYYY

**Section 4 – The License(s) you need**

**Tick the appropriate boxes to show the license(s) you are applying for. License(s) run from 1<sup>st</sup> January to 31<sup>st</sup> December of the year shown on the license.**

TYPE	AMOUNT	TICK
FIA International Rally Sport Competition Licence	Kshs. 30,000.00	
National Super Competition Licence (over 18yrs)	Kshs. 40,000.00	
National Rally Sport Competition Licence	Kshs. 20,000.00	
National Autocross Senior Competition Licence	Kshs. 17,000.00	
National Autocross Junior Competition Licence	Kshs. 12,000.00	
National Karting Senior Competition Licence	Kshs. 17,000.00	
National Karting Junior Competition Licence	Kshs. 12,000.00	
National Rally Raid Senior Competition Licence	Kshs. 15,000.00	
National Rally Raid Junior Competition Licence	Kshs. 12,000.00	
National Club Events Competition Licence	Kshs. 7,500.00	

- Each discipline requires a separate competition licence, additional license will be charged as follows:
  - Senior – Kshs. 4,500.00
  - Junior – Kshs. 3,600.00
- Super licence is valid only for national championship events.
- FIA rally licence valid for participation in national and international events.
- National rally licence is valid to score championship points in Kenyan ARC round.

## Section 5 – Checklist and declaration

**To avoid unnecessary delays in issuing you competition license, please use the below checklist to ensure you have completed the application for correctly.**

ITEM	TICK
I have completed Section 1	
I have completed Section 2	
My doctor has completed Section 3	
My doctor has provided any additional medical information you need and this is attached (if applicable)	
I have enclosed the correct payment	
I have signed and dated the declaration below. (My parent/guardian has countersigned if I am under 18).	
I have attached a photograph with my name and date of birth on the reverse	
I have attached a copy of valid Amref cover	
I have attached a copy of my valid club membership	
I have attached a copy of my national ID or passport	
I have attached copy of my driving licence (senior applicants)	
I have attached copy of my birth certificate (junior applicants)	

**Please read the following statements and sign below, to confirm your understanding and acceptance.**

- I understand and will comply with (follow) the 2020 Kenya motorsport federation national competition regulations, its amendments or additions and will abide by the FIA sporting code.
- I understand that if I have given any false information in this application the Kenya motorsport federation may take disciplinary action against me. This might include my licence being permanently withdrawn.
- I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that if I do so, Kenya motorsport federation may take disciplinary action against me.
- I undertake to make no use of drugs or of prohibited methods such as are defined in The Prohibited List of the World Anti-Doping Code of the WADA and by the Anti-Doping Regulations of the FIA (see [www.wada-ama.org](http://www.wada-ama.org))
- I will not take part in any practice or competition while under the influence of drugs or alcohol.
- I confirm that the information given to the examining doctor regarding my present state of health and previous medical history is correct.
- I agree to Kenya motorsport federation's medical consultant obtaining medical information about me from any doctor who has ever seen me about anything which affects my physical or mental health.
- I understand that if any medical conditions arise during the validity of my 2020 licence, including (but not limited to) accidents at motorsport events, I must inform the Kenya motorsport federation secretariat prior to competing in any further motorsport events.
- A competitor shall not have time off school to participate in motorsport without the prior written approval of their school.
- I understand that any Competition Licence issued will remain property of the Kenya motorsport federation, which reserves the right to withdraw or suspend at any time. The reason(s) for such withdrawal or suspension shall be stated.
- I understand that I must sign an entry participation form for the event bearing the indemnity before participating in any competition.

Your Signature:

SIGN HERE

Date:

DD/MM/YYYY

If the applicant is aged under 18, the parent or Guardian must also sign below.

Parent or Guardian's Signature

PARENT/GUARDIAN SIGN HERE  
(If applicable)

Date:

DD/MM/YYYY

Guardian's relationship to Applicant

Parent or  
Parent or Guardian's Name:

### KMSF USE:

<b>Receipt No.</b>		<b>Licence No.</b>		<b>Date.</b>	
<b>Approving officer's name</b>		<b>Signature</b>			