



## GUIDELINES TO APPLY FOR OR RENEW AN INTERNATIONAL LICENCE

### BACKGROUND

The issuing of all International Karting Licences (International Licence) for Drivers and Competitors is governed by the International Sporting Code of the FIA, the International Karting Licence Rules of CIK and Karting Australia's policies and procedures.

#### 1. A new International Licence is required in each year that you wish to race overseas.

- a. In accordance with FIA Rules, **ALL International Licences expire on 31 December each year.**
- b. You should allow at least one (1) month for the International Licence application to be processed (after you have completed it and received the results of your medical examination.)
  - i. If you require your International Licence within 5 working days of the Licence application being received by Karting Australia, please add \$85 to the Licence Fee that is payable.

### COMPLETING THE LICENCE APPLICATION FORM

1. To obtain your first International Licence or to renew your International Licence, you must complete the details as required in the following pages

**Note – this is a Motorsport Australia form so wherever the word Motorsport Australia appears, please read that as being KA.**

2. You must **undergo a MEDICAL EXAMINATION** by a Medical Practitioner registered to practice medicine in Australia.
  - a. Please ensure that the examining doctor reads the form carefully and completes it fully.
  - b. A resting ECG forms part of every medical examination and if you are 45 years of age or older, a Stress ECG must be performed on the initial application and then every alternate year along with a resting ECG.
  - c. If your colour vision tests are negative and if you fail the Ishihara/Colour Vision test, a further Farnsworth D15 test must be completed. These test results must be provided with your Application Form.
    - i. Our National Medical Officer will assess if you can be granted an International licence.
3. If you require any clarification of the Medical standards, please refer this link:  
<https://motorsport.org.au/docs/default-source/medical/medical-standards.pdf>

#### **IMPORTANT NOTE:**

*ALL forms and the Medical Examinations MUST have been completed within 3 months of the Licence Application being submitted.*

### SUBMITTING THE APPLICATION FORM

The completed Licence Application consists of:

1. The fully completed Licence Application Form and Medical Examination results.
  - a. These documents should be completed using black ink, scanned at A4 size, saved as a **pdf document.**
2. A **current passport quality image** of the applicant as a **jpg image file** to be used on the licence card.
3. Completed and signed Payment Authority showing the total payment for the International Licence.
4. The Application must be sent by email to: [licencing@karting.net.au](mailto:licencing@karting.net.au)



## APPLICATION FOR APPROVAL TO COMPETE IN AN INTERNATIONAL EVENT/S ON AN INTERNATIONAL LICENCE

Date of Application	
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I wish to apply for approval to Practice, Test & Compete in an International Event/s, in accordance with my International Licence.

### **DRIVER DETAILS:**

Name			
Address			
Email			
Mobile			
Date of Birth			
Domestic Licence Number		Licence Grade	
Licence Expiry Date		Reminder: ALL International Licences expire on 31 December each year. Your Licence/s must be current past the date of the Event/s you wish to compete in.	

### **WADB Declaration of Consent**

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing.

<b>Driver's Signature</b>	
<b>Parent/Guardian Signature (if under 18)</b>	
<b>Parent/Guardian Name</b>	

An Approval Letter to Practice, Test & Compete will be issued to cover the full period of the approval and will only be issued if you have a current & valid International Licence.

If you require an International Licence Application form, please open the following link and select the International Licence Motorsport Australia Medical Form from the Forms section. <https://www.karting.net.au/administration/forms>

**This application should be emailed to: [licencing@karting.net.au](mailto:licencing@karting.net.au)**

**Important** If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Member Hotline – 1300 883 959.

**Notes:**

1. Photo ID required.
2. Please attach any Specialists' reports or any pathology or radiology results relevant to this application.
3. If the applicant wears contact lenses, please attach to this report a certificate from the Ophthalmic Practitioner who fitted them, stating their (i) stability, (ii) duration of daily use and (iii) condition.
4. BMI (i) The Body Mass Index is weight (in kilograms) divided by the square of the height (in metres).  
 (ii) 20-25 Acceptable – normal range  
 25-30 Health risk area  
 30-35 Obese  
 35-40 Morbidly obese
5. References to Cardiovascular or CV score allude to the Framingham Study.
6. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

Member's name: \_\_\_\_\_ Member (licence) no: \_\_\_\_\_ Licence level: \_\_\_\_\_

What is the applicant's: Height (in cm) \_\_\_\_\_ Weight (in kg) \_\_\_\_\_ Body Mass Index \_\_\_\_\_ CV Score \_\_\_\_\_

Reference to CV Score chart also required for all applicants.

**Cardiovascular System**

What is the pulse rate? (MAX 100) \_\_\_\_\_

Is the rhythm abnormal?  Yes  No

What is the blood pressure? (MAX 150/90) \_\_\_\_\_ / \_\_\_\_\_

Are the peripheral pulses abnormal?  Yes  No

Is there any evidence in the history or examination of past or present ischaemic heart disease?  Yes  No

Fasting LIPIDS LDL \_\_\_\_\_  
 HDL \_\_\_\_\_

Fasting GLUCOSE \_\_\_\_\_

**Respiratory System**

Is there any abnormality of the respiratory system on examination?  Yes  No

Is the applicant a smoker?  Yes  No

**Abdomen**

Is there any abnormality of the abdomen on clinical examination?  Yes  No

**Urinary Examination**

Does the applicant's urine contain Protein  Yes  No

Glucose  Yes  No

Other abnormality?  Yes  No

**Locomotor System**

1. Physical deformity, amputation or use of any orthopaedic appliance?  Yes  No

2. Is there any impaired functional use, either from 1 (above) or otherwise?  Yes  No

Has the applicant impaired use or movement of any limb, joint, hand or foot which might impair or compromise control of a motor vehicle?  Yes  No

**Central Nervous System**

Is there abnormality of the cranial nerves, limb tone, power or co-ordination or tendon or plantar response on examination?  Yes  No

Is there any sensory impairment?  Yes  No

**ENT System**

Is there any evidence of past or present vestibular disturbance, including intermittent conditions?  Yes  No

Is there any abnormality of the ENT system on clinical examination?  Yes  No

**Visual System**

Has the applicant any evident abnormality of the eyes?  Yes  No

Are contact lenses worn? (Certificate of Ophthalmic Prac. required if YES)

Has the applicant undergone refractive surgery? (Certificate of Ophthalmic Practitioner required if YES)

**Visual Acuity**

Test each eye separately with letter chart at 6m

Record in metric Snellen notation: eg, 6/9

Record number of errors made in smallest line read: eg, 6/9 -3 RE LE

Unaided (without contact lenses or spectacles) 6/ \_\_\_\_\_ 6/ \_\_\_\_\_

With spectacles or contact lenses 6/ \_\_\_\_\_ 6/ \_\_\_\_\_

**Visual fields**

Do a confrontation test for each eye separately.

Is there any ocular or general medical history that suggests the possibility of visual field loss?  Yes  No

Does the confrontation test suggest a loss of visual fields in either eye?  Yes  No

**Colour vision**

Test with Ishihara for first licence only.

More than three (3) errors is a FAIL indicating abnormal colour vision.

Ishihara test failed?  Yes  No

If YES, the applicant will most likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist or

when visual acuity (with glasses if any or unaided if no glasses) is:

– less than a full 6/7.5 in either eye (International Licence)

– less than 6/9 -2 in the better eye or less than 6/18 -2

in the other eye (National Licence)

The applicant should contact Motorsport Australia to obtain a copy of the Vision Report Form to be completed by the optometrist or ophthalmologist they consult. When completed, the form should be returned to Motorsport Australia and included with the Medical Examination Record. Motorsport Australia will take into account the optometrist/ophthalmologist report when determining the applicant's fitness to participate in motor sport.

**ECG**

A **resting ECG** is required with **all** Medical Examinations.  
For International Licence applicants, a **Stress ECG** is required every **second year after age 45**.

**Stress ECG**

ECG Results: \_\_\_\_\_ / \_\_\_\_\_

Other comments:

ECG abnormal?  **Yes**  **No**

If abnormal, date completed: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Examiner's Comments****1 On history:****2 Are there any unfavourable traits in applicant's personality, revealed by history, appearance or behaviour?****3 Has the applicant been prescribed drugs which are in contravention of the Motorsport Australia Anti-Doping policy, or inhaled asthma medications?**  
If so, please advise drug, dosage and reason:**4 In your opinion, is the applicant fit to participate in motor sport?**  **YES**  **NO**  **FURTHER ASSESSMENT****Statement by Registered General Practitioner**

The applicant was examined on: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Examiner's signature

Applicant's photo ID sighted?  **YES**  **NO**

SIGN HERE

Are you the applicant's normal GP?  **YES**  **NO**

Name of medical examiner: \_\_\_\_\_

Address of medical examiner: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

**This medical is only valid for 3 months from the date of examiners signature**

Please return to: MEMBER SERVICES, PO BOX 172 CANTERBURY VIC 3126 or email to: memberservices@motorsport.org.au

**MEMBER SERVICES AND STATE MEDICAL ASSESSORS USE ONLY**

MEMBER NO.

NEXT EXAM DUE

INT

Medical every year

NAT

Medical every two years

UNFIT

MEDICAL DETAILS TO BE ENTERED ON LICENCE:

ASSESSOR'S SIGNATURE

VISUAL CORRECTION REQUIRED?  **YES**  **NO**

SIGN HERE

OTHER (PLEASE SPECIFY):

DATE \_\_\_\_\_ - \_\_\_\_\_



## 2022 PAYMENT AUTHORITY

<b>Date of Application</b>	
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<b>Applicant's Name</b>	
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Tick BOX		Fee per Application	TOTAL
X	<b>INTERNATIONAL DRIVER LICENCE</b>	<b>\$700.00</b>	\$ 700.00
	<b>URGENT PROCESSING FEE</b> (International Licence required within 5 working days)	<b>\$85.00</b>	\$
<b>TOTAL FOR THIS AUTHORITY</b>			\$

**PLEASE USE BLACK INK AND PRINT CLEARLY**

PAYMENT AUTHORITY							
Amount Authorised to be Charged					\$		
Tick Box	CREDIT CARD	Card Number			EXP	_ _ / _ _	
Card Type		VISA		M/CARD		CCV	_ _ _
Name on Card							
Signature							
	<i>Reference to be used</i>	KA Licence Number					
Tick Box	DIRECT DEPOSIT	BSB:	<b>633 000</b>				
		Account Number:	<b>178 106 720</b>				
		Account Name:	<b>AKA Ltd</b>				
	<i>Reference to be used</i>	KA Licence Number					

**THIS PAYMENT AUTHORITY MUST ACCOMPANY YOUR APPLICATION AND BE RETURNED to: - [licencing@karting.net.au](mailto:licencing@karting.net.au)**