



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



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.

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

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



EVENT/S DETAILS:

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

Name of Event	
Track Venue	
Date of Event	
Competitor Class	
Organiser	
Close of Entry	

**Should additional event/s need to be included with this Application, please reprint this page*

Medical Examination Record

(must be completed by a Medical Practitioner registered to practice medicine in Australia)

- ! **Applicable to Circuit, Rally and Superkart Licence Holders only**
(Rally licence holders required to complete Medical Examination Record as per changes implemented 1 August 2023)
- ! **If significant abnormalities are found, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Motorsport Australia Member Hotline – 1300 883 959**
- ! **This medical is valid for 3 months from the date of examiners signature**

- 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. The 'normal' answer to each question below is 'NO'. In respect of each 'YES' response, further details should be provided in Examiner's Comments.

Applicant's name	Motorsport Australia Member/licence no. <i>(if applicable)</i>	Licence level/type <i>(if applicable)</i>
General		
Height (m)		
Weight (kg)		
Body Mass Index (BMI) weight/(height) ²		
Cardiovascular System		
Pulse rate <i>Max. 100</i>		
Rhythm abnormal?	Yes	No
Blood pressure <i>Max. 150/90 (mmHg)</i>	/	
Peripheral pulses abnormal?	Yes	No
Familial hypercholesterolaemia?	Yes	No
Evidence of past or present ischaemic heart disease?	Yes	No
Fasting Lipids	LDL (mm/dL)	
	HDL (mm/dL)	
Fasting Glucose (mm/dL)		
Respiratory System		
Abnormality(s) of the respiratory system?	Yes	No
Smoking status	Never smoked	
	Previously smoked	
	Currently smokes	
Abdomen		
Abnormality(s) of the abdomen?	Yes	No
Urinary System		
Does the urine contain:	Protein	
	Glucose	
	Other abnormality(s)?	
Locomotor System		
Physical deformity/amputation or use of orthopaedic appliance?	Yes	No
Is there any impaired functional use, either from above or otherwise?	Yes	No
Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle?	Yes	No
Note the requirements of point 2.1 of the <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical) in regards to physical disability		
Malignancy		
Any current malignancy of any system, other than non-melanoma skin cancer?		Yes No
Central Nervous System		
Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response?		Yes No
Sensory impairment?		Yes No
Note the concussion protocol in <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), specifically point 4.6c		
ENT System		
Evidence of past or present vestibular disturbance, including intermittent conditions?		Yes No
Abnormality(s) of the ENT system?		Yes No
Visual System		
Abnormality(s) of the eyes?		Yes No
Contact lenses? <i>If Yes, Certificate of Ophthalmic Prac. required</i>		Yes No
Refractive surgery? <i>If Yes, Certificate of Ophthalmic Prac. required</i>		Yes No
Visual Acuity		
Test each eye separately with letter chart at 6 m		
Record in metric Snellen notation. <i>e.g. 6/9</i>		
Record number of errors made in smallest line read. <i>e.g. 6/9 -3 RE LE</i>		
Unaided (<i>without contact lenses or spectacles</i>)	6/	6/
Aided (<i>with contact lenses or spectacles</i>)	6/	6/
Eye Movement		
Evidence of past or present diplopia? <i>If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility</i>		Yes No
Visual Fields		
Complete a confrontation test for each eye separately		
Ocular or general medical history that suggests the possibility of visual field loss?		Yes No
Confrontation test suggest a loss of visual fields in either eye?		Yes No
Visual Fields		
Test with Ishihara		
More than three (3) errors is a FAIL indicating abnormal colour vision. <i>(For first licence only, not required for licence renewal)</i>		
Ishihara test failed?		Yes No
<i>If Yes, the applicant will likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist</i> <i>or</i> <i>The further assessment of colour vision shall be complete via the Farnsworth D15 test, to test the severity of the colour vision defect. Any individual who fails the Farnsworth D15 test by making two or more diametrical crossings is assessed as UNFIT.</i>		

Medical Examination Record

(must be completed by a Medical Practitioner registered to practice medicine in Australia)



ECG

A resting ECG is required with all Medical Examinations.

A copy of the ECG chart/report must be submitted as part of the medical examination form. Applicants over 45 years of age require stress ECG every two years and must complete a cardiologists' consultation every three years as per International requirements.

Note the requirements of point 1.5 of the *Motorsport Australia Medical Standards* (motorsport.org.au/medical) in regards to Mandatory Frequency of Examination

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 motorsport? Yes No Further assessment

Statement by Registered General Practitioner

The applicant was examined on: _____ - _____ - _____

Examiner's signature

Applicant's photo ID sighted? YES NO

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: Motorsport Australia
Mail: PO Box 172 Canterbury LPO, VIC 3126
Email: memberservices@motorsport.org.au



2024 PAYMENT AUTHORITY

Date of Application	
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Applicant's Name	
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Tick BOX		Fee per Application	TOTAL
X	INTERNATIONAL DRIVER LICENCE	\$1,000.00	\$1,000.00
	URGENT PROCESSING FEE (International Licence required within 5 working days)	\$85.00	\$
TOTAL FOR THIS AUTHORITY			\$

PLEASE USE BLACK INK AND PRINT CLEARLY

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

THIS PAYMENT AUTHORITY MUST ACCOMPANY YOUR APPLICATION AND BE RETURNED to: - licencing@karting.net.au