

MOTOR CYCLE UNION OF IRELAND

APPLICATION FOR A PARADE LAP LICENCE

Please read carefully the requirements and declarations before you commence to complete this form.

NAME OF APPLICANT _____

ADDRESS _____

Post Code _____

Telephone No. _____ Mobile _____

E-Mail _____ Date of birth _____

Details of Previous Competition Licences _____

Do you hold a Motor Cycle Driving Licence? _____

REQUIREMENTS Applicants must be holders of a current full Motor Cycle Driving Licence or have been a holder of a previous MCUI A or B Competition Licence. A Parade Lap Licence will not be issued to any person under the age of 18.

MEDICAL DECLARATION

DO YOU SUFFER FROM EPILEPSY, DIABETES, A HEART RELATED ILLNESS OR ANY OTHER ILLNESS OR DISABILITY THAT WOULD IMPAIR YOUR ABILITY TO COMPETE IN MOTORCYCLE COMPETITION EVENTS?

YES/NO

Please complete this declaration by deleting yes or no and SIGN BELOW

If you have answered YES to the above Medical Declaration please enclose a Medical Certificate signed by a Medical Doctor who will state, you are able and physically fit to control a motorcycle in competition.

Please note the Motor Cycle Union of Ireland, or any affiliated Club may ask a licence holder to produce a signed Medical Certificate at any time.

SIGNATURE OF APPLICANT _____ DATE _____

DECLARATION

MOTORSPORTS CAN BE DANGEROUS AND MAY INVOLVE INJURY OR DEATH
Read carefully before signing to ensure you agree

1. The answers given by me in this licence application are true.
2. I will comply with the General Competition Rules and the Standing Regulations of the Motor Cycle Union of Ireland
3. I fully understand the type of events which the licence allows me to enter and the rules and regulations that apply to such events and to competitors and will comply with them.
4. I will ensure that before I enter any event I am competent to compete and that any motor cycle that I use is safe and fit for the competition and nature of the course.
5. I will satisfy myself by sighting lap or otherwise before taking part that the venue and track is acceptable to me with regard to its features and physical layout (unless prohibited to do so).
6. I will NOT enter or take part in any competition where I have a doubt as to my safety.
7. I will tell you immediately if, for any reason, I believe that I am no longer able to satisfy the terms of this licence or I become aware that I have become unable to compete due to physical or other disability.
8. I agree to accept the risks of injury that are inherent in motorsports and agree to take part at my own risk.

Signed _____ Date _____

The application form duly completed, **accompanied by two passport-size photographs of the applicant, MUST BE POSTED to:**

Jim Cray, Honorary Licence Registrar, MCUI (UC) LTD.
47 Ballynahinch Road, Carryduff, Belfast, BT8 8DL
Annual Licence Fee. £30

Please make cheques payable to "Motor Cycle Union of Ireland (Ulster Centre) Ltd".

For Licence Registrar's Use Only

Date Issued _____ Licence Number _____