



2015 TT MOUNTAIN COURSE LICENCE APPLICATION

This licence is a requirement for **ALL** competitors taking part in any event held on the TT Mountain Course. The fee is **£25.00** (in addition to any other licence fee). All applicants except holders of an FIM International licence or an MCUI National Licence must complete Section 3 Medical Report, on the reverse of this form. **ACU and SACU licence holders** must have held a National licence for Road Racing for a minimum of 12 months prior to the closing date for entries. Competitors from other Federations must have held an FIM International Non - Championship licence for Road Racing for a minimum of 12 months prior to the closing date for entries.



Documentary evidence of the following additional requirements must be supplied with this application:

All applicants must have competed satisfactorily in at least six Road Race Days in the period of **31st March 2014 to 8th May 2015**. A minimum of 2 of the 6 required race days must be in the 2015 season. One result will be permitted from each racing day of a short circuit Road Race meeting to a maximum of 2 days per meeting. One result will be permitted from each racing day of a Closed Public Road Race circuit meeting to a maximum of 2 days per meeting.

Qualifying for the 2014 TT or Manx GP races will count as one race day and finishing in a 2014 TT or Manx GP race will count as a second race day. A competitor who competes in both the TT and Manx GP may count a maximum of three results towards the six required results

Closing dates for receipt of application forms: 13th May 2015. Completed forms should be sent together with the 6 race result sheets and fee to ACU Road Race Department, ACU House, Wood Street, Rugby Warwickshire, CV21 2YX.

NOTE: The issuing of a TT Mountain Course Licence does not guarantee an accepted entry for competition

YOUR PHOTO

Please write your name and date of birth on the reverse of photo

SECTION 1 - YOUR DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS)

First Names _____ Mr /Mrs/Ms/Miss Surname _____

Address _____

Postcode / Zip _____ Date of Birth _____

E-mail Address _____

Daytime Telephone Number _____ Evening _____

Do you hold an ACU or SACU National Licence for road racing? State Yes or No _____

If you answered 'YES' please state the licence number Number _____

Do you hold an FIM Non-Championship licence for road racing? State Yes or No _____

If you answered 'YES' which federation issued that licence? Federation _____

Please state the expiry date of your licence Expiry Date _____

Please tick the event you intend to enter TT MGP

YOUR SIGNATURE _____ DATE _____

SECTION 2 - PAYMENT

I am paying by: Cheque/Postal Order made payable to 'ACU Ltd' Credit or Debit card, give card details below

TOTAL PAYMENT: £25.00

Card Number

Expiry Date Issue No. Start Date Last 3 Digits on Signature Panel

Cardholder's Name _____ Cardholder's Signature _____

SECTION 3 - MEDICAL REPORT

To be completed by ALL applicants except holders of an FIM International licence. You must pay any fee charged for the medical examination and for the completion of this form.

TO YOUR DOCTOR: Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form. The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

- **Limbs:** The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to an ACU medical panel and be subject to "on track" assessment.
- **Deafness:** A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.
- **Diabetes:** A well controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if they are not under consultant care, that the diabetes is normally well controlled, that they are not subject to hypoglycaemic or hyperglycaemic attacks (no significant episodes in preceding year), that they have no neurological or ophthalmic complication associated with diabetes and that they understand their diabetes, its monitoring and management.
- **Cardiovascular system:** In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with this Medical Report form.
- **Neurological and psychiatric disorders:** In general applicants with a serious neurological or psychiatric disorder will not be granted a licence.
- **Fits or unexplained loss of consciousness:** A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you the applicant's regular medical attendant? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Is there any evidence of any progressive neurological disorder? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Are there any signs of neoplasm which may be liable to metastasise? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Is there any evidence of any disease or condition affecting the eyes or ears? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Are any limbs or parts of limbs missing? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Is there any abnormality of the heart? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Does the applicant have hypertension? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If 'yes', do they meet DVLA LGV/PCV Group 2 entitlement requirements? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>(Answer no if resting systolic BP consistently greater or equal to 180mmHg and/or diastolic greater or equal to 100mmHg)</i> | | |
| <i>(Answer no if treatment has side effects which may interfere with controlling a motorcycle)</i> | | |
| 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Is the applicant suffering from any psychiatric illness? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Is the applicant dependent on alcohol, drugs or other substances? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. Is the applicant taking medication? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| <i>(If 'yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods.)</i> | | |
| 16. Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 17. I am unsure of the applicant's fitness and wish to refer him / her to the ACU Medical Panel. (tick box) <input type="checkbox"/> | | |

Please use this space to give further details:

Name and Address of Doctor, including
Qualifications and GMC number.
Please use official stamp

Applicant's Name _____ Date of Birth _____

Signature of Doctor _____ Date _____

PLEASE DO NOT WRITE IN THIS SPACE