



Malta Motorsport Federation,
P.O. Box 30, Valletta VLT 1000
Email: licence@maltamotorsport.org
Tel: +356 21 663 663

www.maltamotorsport.org

For Official Use Date Submitted:
MMF Licence No

MMF LICENCE APPLICATION FORM

LICENCE TYPE, GRADE & FEE

LICENCE VALID TILL 31.12.2024

A Minimum of fourteen (14) days are required to process the License, from the date of submitting the full application.

Table with columns: CATEGORY, Training / Trials, Club, National, International. Rows include Karting (E, F, G, Entry, Entrant, Mechanic), Hill Climb and Sprint (B, C), Circuit (B, C), Off-Road, Drifting (DRI), Drag Racing (DR), Personal Accident Add-On, Organiser, Non Affiliated Discipline / Club Add-on, Team (compulsory 2025), and ECG every 2yrs over the age of 45 International Events Medical Examination Required Yearly.

PHOTO

N.B. Cash Not Accepted.
If Licence is required in less than 14 working days or requested after 31st March add Eur30 to the Total Amount.

Cash NA
Cheque No
Amount paid €

- Please include:
1. Copy of ID card / Passport
2. Driving Licence - 18 yrs+.
3. Copy of Expired MMF Licence.
4. One recent Passport Photo.
5. Any relevant Medical documents;
6. Commissioner Statement;
7. Assessment Results if applicable.
8. FIA ELearning certificate
9. Results of last years International Participation

APPLICANT PERSONAL CONTACT DETAILS

Applicant Name & Surname
Residential Address
Postcode:
Telephone: Off, Home, Mobile
Date of Birth (DD/MM/YY) Identity Card No. / Passport No
Gender: Female, Male Nationality**
Email Address

** Drivers with a Non-Maltese ID Card / Passport holder applicants who reside in Malta must produce a 'No Objection' from the National Sporting Authority (ASN) of the country of their passport prior to submit their application and proof of residence in Malta.

MEDICAL APTITUDE DECLARATION for MMF LICENCE

Applicant must hand over this page to the Examining Doctor for the Medical Examination to be carried out which must be taken in less than 3 months before submitting this application.

Regular doctor's name, surname and address:

Is the applicant currently taking any medication and/or has any allergies or side effects of medication?

 Yes No

Has the applicant had any surgical procedures in the past?

 Yes No

Has the applicant failed a breathalyser test and/or suffers from alcohol problems in these past 12 months?

 Yes No

Has the applicant passed the FIA E-Learning Driver training online course?

 Yes* No

**(Course can be accessed from www.maltamotorsport.org. Please enclose a copy of the 2023/4 Diploma – Not obligatory for children under 6 years)*

Has the applicant ever been diagnosed with and/or has or had treatment for the following:

<input type="checkbox"/> Head injury	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Fainting/Blackouts	<input type="checkbox"/> Loss of consciousness	<input type="checkbox"/> Asthma	<input type="checkbox"/>
<input type="checkbox"/> Liver/Kidney					
<input type="checkbox"/> Heart or lung disease	<input type="checkbox"/> Serious illness	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Hospitalization (within last 12 months)	<input type="checkbox"/> Diabetes	

Has the applicant ever been rejected or accepted increased premium for life insurance on medical grounds?

 Yes No

If you answer yes to any of the above questions please provide details below, including names of drugs and dosages currently taken:

Does the applicant have any eyesight problems for distant vision?

 Yes No

Is applicant's eyesight correctable with glasses or contact lenses?

 Yes No

If you answered "Yes" please provide further details below:

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Would the applicant consider including Personal Accident Coverage Insurance Policy once available?

 Yes No *(Fees to be communicated)*

Does the applicant consider himself/herself absolutely and unconditionally fit to participate in motor sport as a competitor?

 Yes No

I hereby declare that the above information is true and correct.

Applicant's signature

Date

Emergency Contact Details

1) Name:

Phone No:

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2) Name:

Phone No:

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MEMBER CLUB REPRESENTATIVE ASSESSMENT & DECLARATION**- NEW / UPGRADE LICENSES ONLY**

Has the applicant passed the Theoretical & Driving Assessment Programme?

 Yes No

Do you have any objection for this applicant to be granted a MMF licence?

 Yes No

If you replied 'Yes' to the above question, please provide details below:

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Club Representative Full Name:

Signature

STATEMENT BY APPLICANT

Statement to be read and completed by applicant:

I agree to be bound by the rules and regulations of the events I will be participating in and with the requirements of the Malta Motorsport Federation ("MMF") in all matters, including all MMF regulations in force at the time of the application and / or MMF Regulations that may be issued during the validity of this license and / or the FIA International Sporting code and its relative appendices.

In exchange for being able to attend or participate in these events, I agree:

- to release MMF, member organisations, clubs, associations and foundations, any promoters/sponsor organisations, land owners and lessees, organisers of the events, their respective servants, officials, representatives and agents (collectively, "the Associated Entities") from all liability for my death, personal injury (including burns), psychological trauma, loss or damage (including property or vehicle damage) (hereinafter referred to as "harm") whatsoever arising from my participation in or attendance at the events, except to the extent prohibited by law;
- that I will not do anything that could damage the reputation of or have any negative effect on motorsport generally. I understand that MMF and the Associated Entities could take disciplinary action against me if I do so;
- to attend or participate in the event at my own risk.

I acknowledge that:

- The risks associated with attending or participating in the event include the risk that I may suffer harm as a result of:
 - vehicles (or parts of them) colliding with other vehicles, person or property;
 - acts of violence and other harmful acts (whether intentional or inadvertent) committed by persons attending or participating in the events; and
 - the failure or unsuitability of facilities (including grand-stands, fences, barriers and guard rails) to ensure the safety of persons or property at the event.
- Motor sport is dangerous and that accidents causing harm can and do happen and may happen to me.

I accept the conditions of, and acknowledge the risks arising from, attending or participating in the events provided/endorsed/facilitated by MMF and/or their Associated Entities. I certify that the statements made to MMF regarding my psychological and physical conditions and any previous illness are true and accurate. I declare that, should any of the above conditions become evident during the validity period of this licence, I agree to abstain from exercising the privileges granted to me in virtue of this licence and to notify MMF and/or their Associated Entities by submitting to further medical examination, the results of which are to be forwarded to MMF. I undertake not to use any drugs or medication that are considered illegal and/or use any drugs, medications or practices which contravene or are in the WADA Prohibited list or as per LN281 of 2011 and/or defined in the Anti-Doping Code of the SportMalta (SM) as the National Anti-Doping Organisation (NADO) and/or the Olympic movement, on the recommendation of the World Anti-Doping Agency (WADA). I agree to undertake any anti-doping analysis tests, including any test for alcohol that may be considered necessary by MMF. I authorise any hospital or medical practitioner to furnish information relevant to my medical condition to MMF's medical assessor in order to determine my fitness to compete and/or participate in such motorsport events. I understand and authorise the MMF to hold my personal information on its database for the purposes herein prescribed. If applying for professional status, I confirm that for the last tax year prior to this application, I declared my earnings as a competitor in motorsport and therefore request that the MMF endorse my licence with the word 'Professional' and further with the EU flag, in accordance with the FIA regulation 52.

For female applicants: I agree and declare that I shall abstain from taking part in any competition whilst pregnant.

Any applicant making a false declaration is liable to refusal and cancellation of licence and/or any insurance cover if applicable.

Applicant's signature

Date

PARENT/LEGAL GUARDIAN CONSENT

Consent Statement for applicants under 18 years:

I, (print full name)

of (print address)

am the parent/guardian of the above-named ("the minor") who is under 18 years old and declare that I am duly authorised to make this declaration of consent. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and confirm its correctness. I have explained the contents to the minor. I consent to the minor attending/participating in the event at his/her/our own risk.

Parent/Legal Guardian signature

Date

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MMF TEMPORARY LICENCE – 2024

VALID MALTA ONLY UP TO 31.12.2024

This is a MMF temporary Club licence, valid only in Malta from the time MMF, your club representative or event organiser signs it. MMF will issue your official licence within 3 weeks. The Completed Application & Medical Forms and Licence Fee must be forwarded and paid beforehand to MMF.

This Licence Grants (Name)

Licence Grade

MMF or Club/Event Organiser
STAMP

Expiry date

31.12.2024

Signature of Authorised Person

Amount paid



www.maltamotorsport.org

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Photocopy this form once filled by the Medical Examiner and present it to MMF together with original application

FOR USE ONLY WITH AN MMF COMPETITION LICENCE APPLICATION. INVALID IF NOT ACCOMPANIED WITH AN MMF NO OBJECTION LETTER
THIS FORM IS TO BE FILLED IN A SPECIALIST IN SPORTS AND EXERCISE MEDICINE. I LIST MAY BE FOUND IN THE LINK BELOW AT PAGE 83
<https://healthservices.gov.mt/en/regcounc/medicalcouncil/Documents/register/mcsac.pdf>

MEDICAL EXAMINATION FORM FOR MMF COMPETITION LICENCE

Medical Examination must be carried out less than two (2) months before the application for a driver's competition licence is submitted to the Federation.

Note : Applicant must present the completed Competition Licence Application Form and hand over to the Examining Doctor

Name of Applicant ID Card No

Address

TO BE COMPLETED BY EXAMINING DOCTOR

Please note questions on Page 2 of the Competition Licence Application form and record any abnormality below in 'Observations/Recommendations'

- Are you the regular medical attendant of the Applicant? Yes No
- Is there any evidence of a physical or mental condition, past or present, which could, in your opinion, debar the applicant from competing in motor sport? Yes No

Past Medical History

3. Date of last Tetanus Injections (If not known, state so or state "date provided by applicant") :

4. Height : Weight :

5. **Cardiovascular System :**
 Blood Pressure : mm/Hg Pulse rate : Rhythm :
 Auscultation : Murmurs : YES / NO Type :
 Stress ECG :
(Stress ECG is required for applicants 45 years and over annually/or as and when required by the Medical Examiner)

6. **Respiratory System :**
 Auscultation : Lung Fields :

7. **Gastro-Intestinal System**
 Palpation : Auscultation :

8. **Genito-urinary System :**
 a) Any abnormality :
 b) Urine – Albumin : Sugar :

9. **Central Nervous System**
Vision Snellen's Chart
 a. Vision : R eye/..... L eye/..... With correction of applicable : R eye/..... L eye/.....
 Field of Vision : R eye/..... L eye/..... Pupil reaction to L & A : R eye/..... L eye/.....
 Colour vision : Normal/Abnormal Hearing : Normal/Abnormal

b. Locomotor System :

Upper Limb: Abnormality : Yes / No Power : Reflex:

Lower Limb: Abnormality : Yes / No Power : Reflex :

Observations/Recommendations :

THIS IS TO CERTIFY that the above named applicant has today been examined by me and found to be :

FIT	<input type="checkbox"/>
UNFIT	<input type="checkbox"/>

physically and psychologically to drive a racing vehicle in competitive events at high speeds.

physically and psychologically to drive a racing vehicle in competitive events at high speeds.

Please tick (√)

Blood Group

Rhesus Factor

Applicant must show certificate of evidence to Doctor

Doctor's name

Doctor's signature

Doctor's Mobile No.

Date of Examination

Doctor's STAMP

Any fee charged for completion of this examination or associated with it is the responsibility of the applicant.

The applicant is requested to forward the completed form together with the Competition Licence Application form immediately to:

**MALTA MOTORSPORT FEDERATION,
P.O. Box 30,
Valletta VLT 1000
MALTA
or
by email: licence@maltamotorsport.org**

For any enquiries please phone: (+356) 21663663 AFTER office hours.