

Australian Independent Dirt Kart Association Inc.

LICENCE APPLICATION 2010

New Member	Licence Renewal from last Year Number	Previously held an AIDKA Licence Number	Restricted Drivers Licence Issued From 1st September	Licence Reissue
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Title	Full Name
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Full Postal Address & Postcode

Date of Birth

Contact Telephone Number (Home or Mobile)

Licence Type (Please tick relevant box)

Senior Driver (14 years & over) \$150.00

Kart Number

A Grade

B Grade

C Grade

D Grade

200cc Open 160kg

100cc Open 140kg

KT Light 120kg

J Open 115kg

KT Twin 160kg

KT Medium 140kg

125cc Light 135kg

KT Heavy 160kg

125cc Heavy 160kg

Statesman (over 40yrs) 140kg

Outlaw 160kg

Junior Driver (under 14 years of age at 1st of February) \$75.00

Kart Number

Junior

Rookie

Junior Light 95kg

Rookie

Junior Heavy 115kg

Is a restrictor plate required? (\$15-00)

Non Driver

Senior Official \$50.00

Senior Pit Crew \$50.00

Junior Pit Crew (<16 years of age on 1st January \$20.00)

I hereby apply for an AIDKA Licence as a Driver / Non Driver. I agree to abide by the rules of the Australian Independent Dirt Kart Association Inc. An AIDKA licence holder must at all times be a financial member of an affiliated Club. A medical disclaimer may apply. An AIDKA licence is for use at AIDKA Affiliated Clubs only.

It is a requirement that all licence holders are covered by Ambulance Insurance / Cover.

By signing this application you are confirming that you have Ambulance Insurance / Cover.

Applicants Signature

Date

Parent / Guardians Signature if under 18 years of age.

Affiliated Club use

I confirm that the applicant is a financial Member of the (Club)

Club Secretary's Signature

Additional Documentation Required;

- 1 If you were a licence holder last year and there is no change to the grading no further documentation is required.
- 2 If you were a licence holder last year and you are upgrading a copy of your Log Book pages 7, 10-12 is required.
- 3 If you are a previous member or a new member we require a copy of your old log book (if applicable) and photo preferably in jpg format to be forwarded to the AIDKA Licence Secretary.
- 4 If you are a new member under the age of 18 years, proof of age must be attached.

If you require a new photograph on your licence please forward to the AIDKA Licence Secretary preferably in jpg format.

AIDKA Medical Declaration

Statement by Applicant

Please Circle Answer

- | | | |
|--|------------------------------|-----------------------------|
| 1 Have you ever been declined life insurance on medical grounds? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Are you required to take a state roads or traffic authority medical examination to obtain a motor vehicle licence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever suffered, been diagnosed or had treatment for:- | | |
| 3 Any medical or surgical conditions that could interfere with the fine movements of your arms and legs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 A psychiatric or psychological illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders: including any surgical procedure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 A significant illness, injury or surgery not listed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 Any ear disorder that may affect your balance including tinnitus? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 Eyesight impaired for distance vision to such an extent that it cannot be corrected? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 Are you taking any injections, tablets or other forms of medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PLEASE NOTE; Should you have answered "yes" to any of the above questions 1-11, and you are applying for a licence to drive a go-kart you are required to have your Doctor complete the medical clearance below.

If your licence application requires a medical clearance it will not be processed until that clearance is received.

None of these items will necessarily preclude you from holding a licence, but it is a safety requirement that the information above is disclosed.

- | | | |
|--|------------------------------|-----------------------------|
| 12 Are you required to wear spectacles to correct distance vision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Are you on Work Cover / Workers Compensation? (If YES, drivers are not permitted to race) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Declaration

- I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct.
- I declare that should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges, will notify AIDKA and submit to a further medical examination the results of which are to be forwarded to the AIDKA Secretary.
- I undertake not to use medication or drugs that might be considered illegal within a period of 24 hours prior to a race competition or participation of any sort.

Applicant Signature _____

Dated this day _____

An Applicant making a false declaration is liable to refusal / cancellation of their licence.

Medical Clearance to Race a Go Kart

(to be completed by your Doctor / Physician ONLY if required) See above.

Doctor / Physician Name _____ Telephone No _____

Doctor / Physician Address _____

Having examined _____

(Applicant's Name)

who I understand is applying for an AIDKA Licence to race Go-Karts, in my opinion, there are no medical conditions that would detrimentally affect his / her ability to control / drive a Go-Kart.

Doctor / Physician Signature _____

Doctors Stamp
