

Australian Independent Dirt Kart Association Inc.

LICENCE APPLICATION

(One (1) Passport Photograph of the Applicant must accompany this Application Form)

<input type="checkbox"/> New Member	<input type="checkbox"/> Licence Renewal from Last Year Licence No.: _____	<input type="checkbox"/> Previous held an AIDKA Licence Licence No.: _____	<input type="checkbox"/> Restricted Licence (issued from 1 st Sept.)	<input type="checkbox"/> Licence Re-Issue Fee \$20.00
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Title	Full Name: _____
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Full Postal Address & Postcode:	_____
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Date of Birth:	Contact Telephone Home or Mobile:	_____
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If you are a new member and less than 18 years of age, proof of your date of birth must accompany this form.

Licence Type (Please tick relevant box)

Senior Driver (14 years & over) Licence Fee: \$120.00				Kart No.: _____			
	200cc Open (160kg)		100cc Open (140kg)		KT Light (120kg)		J Open (115kg)
	Outlaw (160kg)		KT Twin (160kg)		KT Medium (140kg)		
			125cc Light (135kg)		KT Heavy (160kg)		
			125cc Heavy (160kg)		Statesman (Over 40yrs) (140kg)		

Junior Driver (Under 14 years of age) Licence Fee: \$60.00				Kart No.: _____			
	Rookie (Is a Restrictor Plate Required \$15.00)		Junior Light (95kg)				Junior Heavy (115kg)

Non-Driver

	Official - \$50.00		Senior Official - \$50.00		Junior Pit Crew (<14 years of age on 1 st January - \$20.00)
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I hereby apply for an AIDKA Licence as a Driver / Non Driver. I agree to be responsible by the provisions of the Australian Independent Dirt Kart Association Rules. An AIDKA Licence holder must at all times be a financial member of an affiliated club. 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.

Applicant's Signature: _____ Date: _____

Parent / Guardian's Signature if under 18 years of aged: _____

AFFILIATED CLUB USE

I confirm that the Applicant is a Financial Member of the (Name of Club) _____

Affiliated Club Secretary Signature: _____

HAVE YOU ATTACHED:

1. A passport photo of yourself
2. If you were a previous member, a copy of last years Licence, Log Book pages and Probationary Licence Upgrades if applicable. (i.e. pages 41, 42, 44 & 45 if any information is provided)
3. If you are a new member under the age of 18 years, proof of age must be attached

MEDICAL DECLARATION

STATEMENT BY APPLICANT		
1. Have you ever been declined life insurance on medical grounds?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
2. Are you required to undertake a state roads or traffic authority medical examination to obtain a motor vehicle licence?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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 or legs?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
4. A psychiatric or psychological illness?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
5. Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
6. Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedure?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
7. Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders; including any surgical procedure?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
8. A significant illness, injury or surgery not listed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
9. Any ear disorder that may affect your balance including tinnitus?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
10. Eyesight impaired for distance vision to such an extent that it cannot be corrected?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
11. Are you taking any injections, tablets or other forms of medication?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

PLEASE NOTE, SHOULD YOU ANSWER 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.

Your club has been advised NOT to forward to the AIDKA Licence Secretary any application that requires the medical clearance. By providing this medical clearance with your application you will avoid unnecessary delays in having your licence issued. 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"/> NO	<input type="checkbox"/> YES
13. Are you on Workers Compensation? (If YES, drivers are not permitted to race.)	<input type="checkbox"/> NO	<input type="checkbox"/> YES

Declaration

- a) I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct.
- b) 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, and will notify AIDKA and submit to a further medical examination the results of which are to be forwarded to the AIDKA Secretary.
- c) I undertake not to use medication or drugs that might be considered illegal, or within a period of 24 hours prior to race competition or participation of any sort.

AN APPLICANT MAKING A FALSE DECLARATION IS LIABLE TO REFUSAL / CANCELLATION OF THEIR LICENCE.

Applicant's Signature: _____ Dated this day: _____

MEDICAL CLEARANCE TO RACE A GO KART
(To be completed by your doctor/physician ONLY if required. (SEE ABOVE))

Doctor / Physician Name: _____ Phone No: _____

Doctor / Physician Address: _____

Having examined _____
 (Applicants 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: _____ Date: ____/____/____

