



Motorcycling New Zealand  
 P O Box 253  
 Huntly 3740  
 New Zealand  
[admin@mnz.co.nz](mailto:admin@mnz.co.nz) [www.mnz.co.nz](http://www.mnz.co.nz)



## 2012 FIM International Licence Application

The following pages contain an application form for a FIM International Licence for 2012. The following forms are to be submitted to Motorcycling New Zealand at least **three weeks** prior to departure before a licence can be issued.

- Application form, completed clearly and in full (page 2)
- Payment of licence fee by cheque, money order or credit card
- Medical Examination form. Must be completed by a medical practitioner (Appendix A & B – pages 6-7). It is recommended that you attend your regular doctor for the medical examination.
- Anti-Doping Declaration for, (page 8)
- Completed FIM Therapeutic Use Approval Forms (if applicable)

### Important Information

- **It is important that each rider reviews the FIM Anti-Doping Code which is found at [www.fim.ch](http://www.fim.ch) by going into the Rules and Code section and selecting the "Anti-Doping Code". Do not sign the Declaration form which is a part of this application unless you have fully read and understood the Code.**

### Licence Fees

- 1. Annual International Licence \$150.00**  
Valid from 1 January 2012 until 31 December 2012. Can be used for International Events only (excludes World Championships, refer to application form).
- 2. One Event Licence \$ 100.00**  
Valid for duration of one event only (excludes World Championships, refer to application form).
- 3. World Championship Licence**  
Please refer to page 3

### Insurance Requirements

Insurance as described below must be in place prior to the licence being issued and is only valid overseas. Please contact:

Debbie Fraser, FMR Risk  
 09 302-3060 or [debbie.fraser@fmrrisk.co.nz](mailto:debbie.fraser@fmrrisk.co.nz)

Or apply online [www.mnz.co.nz](http://www.mnz.co.nz) (Go to 'Information' tab then 'Licence Information')

PERMANENT DISABILITY	\$70,000 EURO
MEDICAL & DENTAL	\$15,000 EURO
REPATRIATION	\$ 7,500 EURO
FATALITY	\$35,000 EURO



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## 2012 FIM International Licence Application

**PLEASE USE BLOCK LETTERS**

MNZ Licence. No.: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Mob: \_\_\_\_\_ Tel (hm): \_\_\_\_\_

Tel (wk): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If not a New Zealand Citizen please state how long you have been in New Zealand: \_\_\_\_\_

- Every rider is required to produce a **Start Permission** from their National Federation (FMN) when entering and competing in an International Event or Championship. In order for this Start Permission to be issued with your licence, please provide the following information.

### Event Details:

Name of Championship/Event: \_\_\_\_\_

Country where Championship/Event is to be held: \_\_\_\_\_

Date/s you will be competing in Championship Event: \_\_\_\_\_

\_\_\_\_\_

IMN (International Meeting Number): \_\_\_\_\_

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Debbie Fraser, FMR Risk  
09 302-3060 or [debbie.fraser@fmrrisk.co.nz](mailto:debbie.fraser@fmrrisk.co.nz)

Licence Required			
Discipline	Type	Annual	One Event
<b>Road Racing</b>	<input type="checkbox"/> FIM Road Racing GP – 125cc	*Order direct from FIM	*Order direct from FIM
	<input type="checkbox"/> FIM Road Racing GP – Moto 2	*	*
	<input type="checkbox"/> FIM Road Racing GP – Moto GP	*	*
	<input type="checkbox"/> FIM Superbike World Championship	<input type="checkbox"/> \$ 2500.00	<input type="checkbox"/> \$ 750.00
	<input type="checkbox"/> FIM Supersport World Championship	<input type="checkbox"/> \$ 2000.00	<input type="checkbox"/> \$ 625.00
	<input type="checkbox"/> FIM Endurance World Championship & Cup - Team	<input type="checkbox"/> \$ 1250.00	<input type="checkbox"/> \$ 375.00
	<input type="checkbox"/> FIM Endurance World Championship & Cup - Rider	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM Sidecar World Championship - Rider	<input type="checkbox"/> \$ 375.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM Sidecar World Championship – Passenger	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
	<input type="checkbox"/> FIM Superstock 1000cc Cup	<input type="checkbox"/> \$ 375.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM Moto GP Rookies Cup	<input type="checkbox"/> \$ 125.00	N/A
	<input type="checkbox"/> FIM Electrical Motorcycles Cup	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM International Road Racing Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
<b>Trials</b>	<input type="checkbox"/> SPEA FIM Trial World Championship/FIM Trial Prizes/FIM Trial des Nations	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM Womens Trial World Championship/FIM Women’s Trial des Nations	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM Junior Trial World Cup & FIM Youth Trial Cup 125cc	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
	<input type="checkbox"/> SPEA FIM Trial World Championship/FIM Trial Prizes/FIM Trial des Nations – Assistant	<input type="checkbox"/> \$ 125.00	<input type="checkbox"/> \$ 25.00
	<input type="checkbox"/> FIM International Trial Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
	<input type="checkbox"/> FIM Women’s International Trials Meetings	<input type="checkbox"/> \$ 150.00	N/A
	<input type="checkbox"/> FIM Trial des Nations (International FIM Trophy)	N/A	<input type="checkbox"/> \$ 250.00
	<b>Enduro</b>	<input type="checkbox"/> MAXXIS FIM Enduro World Championship & FIM ISDE (World Trophy & Junior World Trophy)	<input type="checkbox"/> \$ 625.00
<input type="checkbox"/> FIM Cross Country Rallies World Championship*		<input type="checkbox"/> \$ 1500.00	<input type="checkbox"/> \$ 500.00
<input type="checkbox"/> FIM Junior Enduro World Championship/FIM Youth Enduro Cup 125cc/FIM Women’s Enduro World Cup		<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
<input type="checkbox"/> FIM Indoor Enduro World Cup		<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 125.00
<input type="checkbox"/> FIM Enduro International Meetings		<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
<input type="checkbox"/> FIM Cross-Country Rallies International Meetings*		<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
<input type="checkbox"/> FIM ISDE (Women’s Team, Clubs Team & Manufacturers’ Team		N/A	<input type="checkbox"/> \$ 200.00
<b>MX/SX</b>		<input type="checkbox"/> FIM Motocross MX1-MX2/AMA Supercross an FIM World Championship	<input type="checkbox"/> \$ 1500.00
	<input type="checkbox"/> FIM Motocross MX3 World Championship	<input type="checkbox"/> \$ 1000.00	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM Sidecar Motocross World Championship - rider	<input type="checkbox"/> \$ 375.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM Sidecar Motocross World Championship - passenger	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
	<input type="checkbox"/> FIM Junior Motocross World Championship	N/A	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM SuperMoto World Championship	<input type="checkbox"/> \$ 625.00	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM Snowcross World Championship	N/A	<input type="checkbox"/> \$ 375.00
	<input type="checkbox"/> FIM Women’s Motocross World Championship	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
	<input type="checkbox"/> FIM Freestyle Motocross World Championship	<input type="checkbox"/> \$ 375.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> FIM Veteran’s Motocross World Cup	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 65.00
	<input type="checkbox"/> FIM International Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
	<input type="checkbox"/> FIM International SuperMoto Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
	<input type="checkbox"/> FIM International Freestyle Motocross Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00
<b>Track</b>	<input type="checkbox"/> FIM Track Racing World Champs (except Speedway GPs)	<input type="checkbox"/> \$ 1000.00	<input type="checkbox"/> \$ 250.00
	<input type="checkbox"/> FIM Speedway World Championship Grand Prix	<input type="checkbox"/> \$ 3000.00	<input type="checkbox"/> \$ 1000.00
	<input type="checkbox"/> FIM Track Racing Youth Gold Trophies	<input type="checkbox"/> \$ 250.00	<input type="checkbox"/> \$ 125.00
	<input type="checkbox"/> Track Racing International Meetings	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 100.00

\*Art. 09.7 of the medical code: "In addition to the medical examination, an applicant for any licence in Cross Country Rallies (World Championship, FIM Prize, International Events) must undergo and pass successfully, an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years."

I certify that the details of my experience are accurate to the best of my knowledge and belief. I undertake, if registered, to submit to and be bound by all the rules and regulations of the FIM and MNZ, and declare that I will not take part in any capacity whatsoever, in any motorcycle competition not authorised by such rules and regulations.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPLICANT UNDER 16 YEARS**

I \_\_\_\_\_, **being the parent/legal guardian of the above applicant, hereby consent to the granting of his/her application.**

**PAYMENT OPTIONS:**

**Cheque:** Made to Motorcycling New Zealand  
Post to: PO Box 253, Huntly  
**or**

**Credit Card: Card type (please circle): Mastercard / Visa / Bankcard**  
*3% transaction fee applies*

Credit card: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ Total amount: \$ \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY**

RECEIVED:	LICENCE NO:	POSTING DATE:
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## **MEDICAL HISTORY AND EXAMINATION**

Every competitor taking part in motorcycle events must be medically fit. For this reason the history and an examination are essential. The Medical History and Examination forms are in Appendix (Appendices A and B). The Medical Examination Certificate is valid for not more than one year. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

### **1. GUIDELINES FOR THE EXAMINING DOCTOR**

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to enter motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other competitors, officials and spectators during an event, having regard to the type of event for which the competitor is applying.

Certain disabilities exclude the granting of a licence.

#### **Limbs**

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant may be referred for the opinion of the medical commission of his FMN.

#### **Eyesight**

Distant vision should be not less than 6/6 (1.0 or 10/10) with each eye (with, if necessary, any eye correction device). Applicants with impaired or no vision in one eye and who have had this disability for not less than one year, are allowed to compete in Trial. In this case, vision in the valid eye must reach a standard of not less 6/6 (1.0 or 10/10) without any correction, and the competitor must have satisfactory judgement of distance. If the applicant is granted a licence, he undertakes to wear double protection on the valid eye at all times when racing.

If there is doubt about colour vision, the applicant, for any event, except Trial, must be able to accurately differentiate between red, green, blue, yellow, black and white flags. A simple practical test is recommended under conditions similar to those of a race.

#### **Deafness**

Total deafness in both ears will prevent an applicant from obtaining a licence except for Trials.

#### **Diabetes**

In general, it is not considered advisable for diabetics to enter motorcycle events. All well controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks, and having neither neuropathic complications nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

#### **Cardio-Vascular System**

In general, a heart attack or serious cardio-vascular disease would normally exclude a competitor 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 the medical examination form.

Any competitor over the age of fifty years must have an exercise tolerance **electrocardiogram** performed, and the result must be favourable.

## **Neurological and Psychiatric Disorders**

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

### **Fits or Unexplained Attacks or 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 sudden loss of consciousness.

### **Alcohol and Drug Dependence**

Applicants with an alcohol or drug dependence problem will not be accepted.

## **2. PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS**

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he will fill in the certificate, sign it having ticked the relevant box, and then send it to applicant's FMN with his observations, including past history. If necessary, he shall request that the applicant should be examined by a member of the medical committee of the FMN, or a doctor appointed by the FMN.

## **3. COST OF MEDICAL EXAMINATION**

Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant.



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**MEDICAL HISTORY  
 (TO BE COMPLETED BY COMPETITOR)**

**APPENDIX A**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Sex:  Male  Female FMN: \_\_\_\_\_

NO		YES	Details
<input type="checkbox"/>	Loss of consciousness for any reason Dizziness or headache	<input type="checkbox"/>	
<input type="checkbox"/>	Eye problems (except glasses)	<input type="checkbox"/>	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	
<input type="checkbox"/>	Allergy to medicines or drugs	<input type="checkbox"/>	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	
<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Stomach problems (ulcer, etc)	<input type="checkbox"/>	
<input type="checkbox"/>	Uro-genital problems	<input type="checkbox"/>	
<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>	
<input type="checkbox"/>	Mental or nervous disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Problems with arms or legs incl. muscle Cramp or joint stiffness	<input type="checkbox"/>	
<input type="checkbox"/>	Blood disorder with tendency to bleeding	<input type="checkbox"/>	
<input type="checkbox"/>	Operations	<input type="checkbox"/>	
<input type="checkbox"/>	Do you take medicine or drugs regularly?	<input type="checkbox"/>	

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take drugs and do not abuse alcohol.
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of Course and the FMN.
- d. I declare that the information that I have given is the truth.
- e. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

\_\_\_\_\_  
 Signature of applicant (or responsible Parent or Guardian if a minor)

\_\_\_\_\_  
 Date



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**MEDICAL EXAMINATION  
 (TO BE COMPLETED BY DOCTOR)**

**APPENDIX B**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Sex:  Male  Female FMN: \_\_\_\_\_

NORMAL		ABNORMAL	Details (If abnormal)
<input type="checkbox"/>	Cardio-vascular system	<input type="checkbox"/>	_____
<input type="checkbox"/>	50 years & over please attach electrocardiogram report		_____
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	_____
<input type="checkbox"/>	Pulse	<input type="checkbox"/>	_____
<input type="checkbox"/>	Respiratory System	<input type="checkbox"/>	_____
<input type="checkbox"/>	Nervous System: Central	<input type="checkbox"/>	_____
<input type="checkbox"/>	Peripheral	<input type="checkbox"/>	_____
<input type="checkbox"/>	Ear, nose and throat, in particular vestibulocochlear apparatus:		_____
<input type="checkbox"/>	Left	<input type="checkbox"/>	_____
<input type="checkbox"/>	Right	<input type="checkbox"/>	_____
<input type="checkbox"/>	Locomotor System;		
<input type="checkbox"/>	ARM Left	<input type="checkbox"/>	_____
<input type="checkbox"/>	Right	<input type="checkbox"/>	_____
<input type="checkbox"/>	LEG Left	<input type="checkbox"/>	_____
<input type="checkbox"/>	Right	<input type="checkbox"/>	_____
<input type="checkbox"/>	SPINE	<input type="checkbox"/>	_____
<input type="checkbox"/>	Abdomen (hernia)	<input type="checkbox"/>	_____
<input type="checkbox"/>	Urine Albumen	<input type="checkbox"/>	_____
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	_____
	Eyes:		
	Distant Vision: Right	<input type="checkbox"/>	Without correction
	Left	<input type="checkbox"/>	
	Right	<input type="checkbox"/>	With Correction
	Left	<input type="checkbox"/>	

- I, the undersigned, certify that this person is fit to take part in motorcycle events.
- I, the undersigned, certify that this person is NOT FIT to take part in motorcycle events.
- I recommend that this person be examined by a member of the Medical Committee of the FMN, or doctor appointed by the FMN.

\_\_\_\_\_  
 Signature and Stamp of Doctor

\_\_\_\_\_  
 Date of Examination



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## **FIM ANTI-DOPING CODE**

I, as a member of an FMN and/or a competitor in an FMN or FIM authorised or recognised meeting, hereby acknowledge and agree as follows:

1. I have received and had an opportunity to review the FIM Anti-Doping Code.
2. I consent and agree to comply with and be bound by all of the provisions of the FIM Anti-Doping Code, including but not limited to, all amendments to the Anti-Doping Rules and all International Standards incorporated in the Anti-Doing Rules.
3. I acknowledge and agree that the FMN and the FIM have jurisdiction to impose sanctions as provided in the FIM Anti-Doping Code.
4. I also acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Code, after exhaustion of the process expressly provided for in the FIM Anti-Doping Code, may be appealed exclusively as provided in Article 12 of the FIM Anti-Doping Code to an appellate body and in last instance for final and binding arbitration to the Court of Arbitration for Sport.
5. I acknowledge and agree that the decisions of the arbitral appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
6. I have read and understand this acknowledge and Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name (Last Name, First Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth  
Day/Month/Year

\_\_\_\_\_  
Signature (or, if a minor, signature  
of legal guardian/representative)

### **OFFICE USE ONLY**

Original received by (FMN or FIM body):

**Motorcycling New Zealand  
211 Main Street  
P O Box 253  
Huntly**

Stamp: