



Application for a 2011 International Driver's Licence Grade D

Documentation Required with this Application:

Licences will only be issued when the following documentation is received.

All applications:

- Fully completed ASN International Driver's Licence Grade D application form.
- A high resolution passport style photo in JPEG format, 2 inches wide (50 mm), to be emailed to asnCanada@rogers.com.
- A completed Medical Self-Declaration Form
- Licence fee of eighty dollars (\$80) in Canadian Funds, made payable to ASN Canada FIA by cheque or money order. There will be a fee of \$50.00, for returned cheques.

Applicants under the legal age of majority of 18 years must also attach the following:

- Signed "Consent and Release by Parent or Guardian"
- Signed "Annual Parental Consent"

A copy of these documents should be retained by the applicant to present at event registration.

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SECTION 1 - Personal Information

Name/Entrant: _____ Res. Phone: _____
Address: _____ Res. Fax: _____
City/ Province: _____ Bus. Phone: _____
Country: _____ Bus. Fax: _____
Postal Code: _____ Email: _____
Birth date: Month _____ Day _____ Yr. _____ Male: Female:
Nationality (as per passport if not Canadian or a Landed Immigrant): _____
ASN Canada FIA Club Affiliation: CASDI:
Other: _____

SECTION 2 – Role of Applicant

Indicate below whether you are applying for a licence as a Driver or a Co-Driver

Driver:
Co-Driver:

SECTION 3 – Applicant’s Declaration

1. I agree that a competition licence issued by ASN Canada FIA is a privilege and not a right.
2. I have read, understood and will comply with the “Documentation Required” with the “International Driver’s Licence Grade D Application”, and further understand that any false information given by me in this application may lead to disciplinary action and the possible permanent withdrawal of my licence.
3. I agree that I will be bound by the International Sporting Code of the Fédération Internationale de l’Automobile and the supplementary regulations of the event and that I will do nothing to bring motor sport into disrepute nor commit any act prejudicial to the interest of motor sport generally and understand that, should I do so, disciplinary action may be taken against me.
4. I undertake not to use any drug or substance considered illegal, or to consume alcohol prior to or during the competition.

Applicant’s Signature:	Date:	Approved by ASN:	Date:

If the applicant is under the legal age of 18 a Parent/Guardian must also sign below, stating relationship

Parent/Guardian Name:	Relationship:	Date:	Parent/Guardian Signature

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SECTION 4 – Medical Self-Declaration

ASN Canada FIA reserves the right to request a medical examination by a physician from a licence applicant at any time.

Please PRINT in BLOCK letters

Occupation: _____

Do you wear glasses or contacts: Yes No

Conditions	Yes	No
Frequent or severe headaches		
Unconsciousness for any reason		
Dizziness or fainting spells		
Epilepsy or Seizures		
Heart Trouble		
Coronary Artery Disease or Angina		
Valve disease		
Left Bundle Brach Block		
Abnormal Cardiac Rhythms		
High Blood Pressure		
Psychiatric/Mental Health Problems		
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones		

Conditions	Yes	No
Hay fever		
Eye trouble (except glasses)		
Asthma		
Diabetes		
Anemia, or other blood diseases including abnormal bleeding		
Admission to a hospital in the past 12 months		
Amputations / Physical disability		
Previous denial(s) of licence due to a medical reason(s)		
Any drug, narcotic or alcohol problems		
Previous medical exception from ASN		
Illness(s) not mentioned here:		
Date of Last Tetanus shot:		

Any known medical conditions which could affect your ability to compete must be immediately reported to ASN Canada FIA.

Comments:

This is to certify that these statements are true and accurate. I also give permission to any hospital, institution, or physician, to furnish any information to ASN Canada FIA.

Applicant's Signature: _____ Print name _____ Date: _____

Signature of Parent/Guardian if applicant is under the age of majority:

Parent/Guardian Signature: _____ Print name _____ Date: _____