

## Application for a 201& National Karting Licence

---

### Documentation Required With Licence Application

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

**All applications:**

- Completed ASN licence application form.
- Copy of current membership card in a club, which is affiliated to ASN Canada FIA.
- A completed ASN Medical form as follows:

**Applicants up to age 50**

At the time of application for a competition licence, drivers shall submit a completed and signed Medical Self Declaration form (page 4 of this document). If the applicant is under the age of majority in the province of application the Medical Self Declaration must also be signed by a Parent/Guardian.

**Applicants 50 and older**

All Licence applicants 50 years of age and older are required every two years to pass a medical examination by a physician.

- Copy of most recent or current competition licence.
- Proof of recent competition experience (e.g. **Copy** of drivers log card, event results or series results).
- Appropriate fee, made payable to ASN Canada FIA by cheque or money order.

**New Kart applicants must also attach the following:**

- Proof of age (e.g. **Copy** of a Birth Certificate, Drivers Licence, Age of Majority Card or Passport)

**Applicants under the legal age of majority in the Province of residence must also attach the following:**

- Signed "Consent and Release by Parent or Guardian"
- Signed "Annual Parental Consent" (a copy of this document should be kept by the applicant and kept with the applicants licence to show, when requested, at registration for an event)

**Application for a 201& National Karting Licence**

**SECTION 1 - Personal Information**

Name/Entrant: \_\_\_\_\_ Res. Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Res. Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
 Province: \_\_\_\_\_ Bus. Fax: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Male:  Female:   
 Nationality (as per passport if not Canadian or a Landed Immigrant): \_\_\_\_\_  
 Name of Affiliated Club of which you are a member: \_\_\_\_\_  
 \_\_\_\_\_  
 I last held an ASN Canada FIA competition licence in: \_\_\_\_\_ (state year)  
 State nationality and expiry date of any other competition licence you hold: \_\_\_\_\_

**SECTION 2 - 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 Licence 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 applicable regulations of ASN Canada FIA 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 considered illegal, or to consume alcohol prior to, or during practice or competition.

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

If the applicant is under the legal age of majority in the Province of residence a Parent/Guardian must also sign below, stating relationship

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

## Application for a 2012 National Karting Licence

**SECTION 3 - Licence Applied For**

Place ✓ in the appropriate box(s). Licences are valid from date of issue to the end of the calendar year shown on the licence. Allow 15 working days for processing. Licences will be returned by regular post. If you require your licence returned by Courier include \$25.00 with your application and specify below.

Licence Applied for:

Renewal:

Upgrade:

New Issue:

National Kart Licence	Grade	Fee (includes HST)	Total
<b>Upgrade from Regional to National (applies to Quebec, B.C. &amp; Maritimes)</b>			
Cadet	E	30.00	
Micro Max	D	30.00	
Mini Max & Briggs & Stratton Jr	C	30.00	
Rotax Jr.	C+	30.00	
Rotax Sr.and Briggs & Stratton Sr.	B	30.00	
DD2	B+	30.00	
KF1, KZ1, KZ2	A	30.00	
<b>National (applies to Alberta, Saskatchewan, Manitoba &amp; Ontario)</b>			
Cadet	E	55.00	
Micro Max	D	55.00	
Mini Max & Briggs & Stratton Jr	C	55.00	
Rotax Jr.	C+	55.00	
Rotax Sr.and Briggs & Stratton Sr.	B	55.00	
DD2	B+	55.00	
KF1, KZ1, KZ2	A	55.00	
Courier Fee		25.00	
<b>Total Remittance:</b>			\$

**SECTION 4 - Please indicate the numbers you would like to register. Number 00, 1 or 01 will not be accepted in any class as that number is reserved for the previous years champion.**

Classes	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Transponder #
<input type="checkbox"/> Rotax Micro-Max XX				
<input type="checkbox"/> Rotax Mini Max 1XX				
<input type="checkbox"/> Rotax Jr. 2XX				
<input type="checkbox"/> Rotax Sr. 3XX				
<input type="checkbox"/> DD2 4XX				
<input type="checkbox"/> DD2 Masters 5XX				
<input type="checkbox"/> Briggs Jr. 6XX				
<input type="checkbox"/> Briggs Sr. 7XX				

Your remittance must be in the form of a **CHEQUE OR POSTAL ORDER**, payable to ASN Canada FIA.

There will be a fee of \$50.00, for returned cheques

Return original forms, documentation and payment to:

**ASN Canada FIA**  
2155 Leanne Boulevard, Suite 115  
Mississauga, ON, L5K 2K8

**Phone:** (905) 403-9000  
**Fax:** (905) 403-8448  
**Email:** asncanada@rogers.com

## National Karting Medical Self-Declaration

### National Karting Medical-Self Declaration

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

Drivers shall not participate in any competition unless they meet, and continue to meet, the medical requirements of the competition licence as stated in the ASN Canada FIA Karting Regulations Book 1.

**Applicants up to age 50**

At the time of application for a competition licence, drivers shall submit a completed and signed Medical Self Declaration form. If the applicant is under the age of majority in the province of application the Medical Self Declaration must also be signed by a Parent/Guardian.

**Applicants 50 and older**

All Licence applicants 50 years of age and older are required every two years to pass a medical examination by a physician.

### Competition Licence Applicant Information

Conditions	Yes	No	Conditions	Yes	No
Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	Hay fever	<input type="checkbox"/>	<input type="checkbox"/>
Unconsciousness for any reason	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble (except glasses)	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Anemia, or other blood diseases including abnormal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Coronary Artery Disease or Angina	<input type="checkbox"/>	<input type="checkbox"/>	Admission to a hospital in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Valve disease	<input type="checkbox"/>	<input type="checkbox"/>	Amputations / Physical disability	<input type="checkbox"/>	<input type="checkbox"/>
Left Bundle Brach Block	<input type="checkbox"/>	<input type="checkbox"/>	Previous denial(s) of licence due to a medical reason(s)	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal Cardiac Rhythms	<input type="checkbox"/>	<input type="checkbox"/>	Any drug, narcotic or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Previous medical exception from ASN	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric/Mental Health Problems	<input type="checkbox"/>	<input type="checkbox"/>	Illness(s) not mentioned here:	<input type="checkbox"/>	<input type="checkbox"/>
Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels, or Bones	<input type="checkbox"/>	<input type="checkbox"/>	Date of Last Tetanus shot:	<input type="checkbox"/>	<input type="checkbox"/>

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

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:** \_\_\_\_\_