



GUIDELINES TO APPLY FOR OR RENEW AN INTERNATIONAL LICENCE

BACKGROUND

The issuing of all International Karting Licences (International Licence) for Drivers and Competitors is governed by the International Sporting Code of the FIA, the International Karting Licence Rules of CIK and Karting Australia's policies and procedures.

1. A new International Licence is required in each year that you wish to race overseas.

- a. **In accordance with FIA Rules, ALL International Licences expire on 31 December each year.**
- b. You should allow at least one (1) month for the International Licence application to be processed (after you have completed it and received the results of your medical examination.)
 - i. If you require your International Licence within 5 working days of the Licence application being received by Karting Australia, please add \$85 to the Licence Fee that is payable.

COMPLETING THE LICENCE APPLICATION FORM

1. To obtain your first International Licence or to renew your International Licence, you must complete the details as required in the following pages

Note – this is a Motorsport Australia form so wherever the word Motorsport Australia appears, please read that as being KA.

2. You must **undergo a MEDICAL EXAMINATION** by a Medical Practitioner registered to practice medicine in Australia.
 - a. Please ensure that the examining doctor reads the form carefully and completes it fully.
 - b. A resting ECG forms part of every medical examination and if you are 45 years of age or older, a Stress ECG must be performed on the initial application and then every alternate year along with a resting ECG.
 - c. If your colour vision tests are negative and if you fail the Ishihara/Colour Vision test, a further Farnsworth D15 test must be completed. These test results must be provided with your Application Form.
 - i. Our National Medical Officer will assess if you can be granted an International licence.
3. If you require any clarification of the Medical standards, please refer this link:
<https://motorsport.org.au/docs/default-source/medical/medical-standards.pdf>

IMPORTANT NOTE:

ALL forms and the Medical Examinations MUST have been completed within 3 months of the Licence Application being submitted.

SUBMITTING THE APPLICATION FORM

The completed Licence Application consists of:

1. The fully completed Licence Application Form and Medical Examination results.
 - a. These documents should be completed using black ink, scanned at A4 size, saved as a **pdf document**.
2. A **current passport quality image** of the applicant as a **jpg image file** to be used on the licence card.
3. Completed and signed Payment Authority showing the total payment for the International Licence.
4. The Application must be sent by email to: licencing@karting.net.au



APPLICATION FOR APPROVAL TO COMPETE IN AN INTERNATIONAL EVENT/S ON AN INTERNATIONAL LICENCE

Date of Application	
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I wish to apply for approval to Practice, Test & Compete in an International Event/s, in accordance with my International Licence.

DRIVER DETAILS:

Name			
Address			
Email			
Mobile			
Date of Birth			
Domestic Licence Number		Licence Grade	
Licence Expiry Date		Reminder: ALL International Licences expire on 31 December each year. Your Licence/s must be current past the date of the Event/s you wish to compete in.	

WADB Declaration of Consent

I, the undersigned Applicant, expressly consent to the collection, use and processing of data related to myself, including personal and sensitive data (such as medical information) in relation to my involvement in a motor sport accident or incident and related ONLY to the circumstances of the accident or incident and its immediate outcome, including any injuries suffered, by an appropriately authorised person representing the FIA or the National Sporting Authority.

I, the undersigned Applicant, agree that said data may be stored electronically, even after the expiration of my licence, and may be used at any time, for the sole purpose of research in support of improving safety in motor sport competitions, during and after the validity period of my licence, on the World Motor Sport Accident Database ("WADB").

I, the undersigned Applicant, acknowledge that I have read and fully understood the WADB Guide published by the FIA, which provides for further information about such data collection and processing, including the conditions under which I may request access to my personal data, its rectification or suppression, and object, on legitimate grounds, to its processing.

Driver's Signature	
Parent/Guardian Signature (if under 18)	
Parent/Guardian Name	

An Approval Letter to Practice, Test & Compete will be issued to cover the full period of the approval and will only be issued if you have a current & valid International Licence.

If you require an International Licence Application form, please open the following link and select the International Licence Motorsport Australia Medical Form from the Forms section. <https://www.karting.net.au/administration/forms>

This application should be emailed to: licencing@karting.net.au



2025 PAYMENT AUTHORITY

Date of Application	
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Applicant's Name	
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Tick BOX	Fee per Application	TOTAL
X	INTERNATIONAL DRIVER LICENCE	\$1,040.00
	URGENT PROCESSING FEE (International Licence required within 5 working days)	\$85.00
TOTAL FOR THIS AUTHORITY		\$

PLEASE USE BLACK INK AND PRINT CLEARLY

PAYMENT AUTHORITY							
Amount Authorised to be Charged						\$	
Tick Box	CREDIT CARD	Card Number				EXP	_ _ / _ _
		Card Type	VISA		M/CARD		_ _ _
		Name on Card					
		Signature					
	<i>Reference to be used</i>	KA Licence Number					
Tick Box	DIRECT DEPOSIT	BSB:	633 000				
		Account Number:	178 106 720				
		Account Name:	AKA Ltd				
		<i>Reference to be used</i>	KA Licence Number				

THIS PAYMENT AUTHORITY MUST ACCOMPANY YOUR APPLICATION AND BE RETURNED to: - licencing@karting.net.au

FORM A

- To be completed by a Medical Practitioner
- Required for all first time Circuit, Rally and Off Road applicants, and every two years for applicants 60 years of age and over
- Completed **Medical Examination Form A** is to be retained by the Medical Practitioner's Clinic, and kept on file while the applicant's Motorsport Australia licence is current and active
- This record is not to be submitted to Motorsport Australia, unless specifically requested by Motorsport Australia Member Services
- **Medical Examination Form B** is to be completed by a Medical Practitioner and submitted to Motorsport Australia Member Services

IMPORTANT

- **The Medical Practitioner is required to have a thorough understanding of the Motorsport Australia Medical Standards** (motorsport.org.au/medical) **prior to completing the examination**
- **The medical examination must be completed in accordance with the Motorsport Australia Medical Standards**
- **Medical Examination Record applicable to Circuit, Rally, Off Road and Superkart licence holders only**
(Off Road Rally licence holders required to complete Medical Examination Record as per changes implemented 1 December 2024 and 1 August 2023 respectively.)
- **If significant abnormalities are found**, please obtain specialist opinion or pathology as indicated and return with this form. If doubtful, refer to the Motorsport Australia Member Hotline — 1300 883 959
- **This medical is valid for three months** from the date of examiner's signature



Information to assist completing Medical Examination Record

1. Applicant's photo ID required to be sighted by the Medical Practitioner completing this report
2. Any Specialists' reports or pathology or radiology results relevant to this application must be submitted with this Medical Examination Record
3. If the applicant wears contact lenses, a certificate from the Ophthalmic Practitioner who fitted them must be submitted with this Medical Examination Record. The certificate must state the applicant's **(i) stability, (ii) duration of daily use and (iii) condition**
4. Body Mass Index (BMI) is used to estimate general health of an applicant. The BMI is calculated using the applicant's weight (kg) divided by the square of their height (m)

20-25	Acceptable – normal range
25-30	Health risk area
30-35	Obese
35-40	Morbidly obese
5. The 'normal' answer to each question below is **No**. To each **Yes** response, further details should be provided in **Examiner's Comments**

Applicant's name

Motorsport Australia ID
(if applicable)

Licence level/type
(if applicable)

General	Respiratory System	Central Nervous System
Height (m)	Abnormality(s) of the respiratory system? Yes No	Abnormality(s) of cranial nerves/limb tone/power/coordination/tendon/plantar response? Yes No
Weight (kg)	Smoking status: Never smoked, Previously smoked, Currently smokes	Sensory impairment? Yes No
BMI (weight/height) ²		Note the concussion protocol in <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), specifically point 4.6c
Cardiovascular System	ENT System	Locomotor System
Pulse rate (Max. 100)	Evidence of past or present vestibular disturbance, including intermittent conditions? Yes No	Physical deformity/amputation or use of orthopaedic appliance? Yes No
Rhythm abnormal? Yes No	Abnormality(s) of the ENT system? Yes No	Is there any impaired functional use, either from above or otherwise? Yes No
Blood pressure (Max. 150/90 (mmHg)) /	Urinary System	Impaired use/movement of any limb/joint/hand/foot which might compromise control of a motor vehicle? Yes No
Peripheral pulses abnormal? Yes No	Does the urine contain: Protein, Glucose, Other abnormality(s)?	Note the requirements of point 2.1 of the <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical) in regards to physical disability
Familial hypercholesterolaemia? Yes No	Malignancy	Abdomen
Evidence of past or present ischaemic heart disease? Yes No	Any current malignancy of any system, other than non-melanoma skin cancer? Yes No	Abnormality(s) of the abdomen? Yes No
Total Cholesterol (mg/dL)		
Fasting Lipids (LDL (mg/dL), HDL (mg/dL))		
Fasting Glucose (mg/dL)		

Visual System		
Abnormality(s) of the eyes?	Yes	No
Contact lenses? <i>If Yes, Certificate of Ophthalmic Practitioner required</i>	Yes	No
Refractive surgery? <i>If Yes, Certificate of Ophthalmic Practitioner required</i>	Yes	No

Visual Fields		
Complete a confrontation test for each eye separately		
Ocular or general medical history that suggests the possibility of visual field loss?	Yes	No
Confrontation test suggest a loss of visual fields in either eye?	Yes	No

Electrocardiogram (ECG)		
A resting ECG is required with all Medical Examinations.		
A copy of the ECG chart/report must be submitted as part of the Medical Examination Record.		
Note the requirements of point 1.5 of the <i>Motorsport Australia Medical Standards</i> (motorsport.org.au/medical), in regards to Mandatory Frequency of Examination		
ECG Results	/	
ECG abnormal?	Yes	No
If abnormal, date completed	—	—
Comments		

Visual Acuity		
Test each eye separately with letter chart at 6 m distance		
Record in metric Snellen notation. e.g. 6/9		
Record number of errors made in smallest line read. e.g. 6/9 -3 RE LE		
Unaided <i>Without contact lenses or spectacles</i>	6/	6/
Aided <i>With contact lenses or spectacles</i>	6/	6/

Test with Ishihara		
More than three (3) errors is a fail indicating abnormal colour vision. <i>(For first medical only, not required for licence renewal)</i>		
Ishihara test failed?	Yes	No
<i>If Yes, the applicant will likely need to be referred for a full eyesight examination by an optometrist or an ophthalmologist</i>		
<i>or</i>		
<i>The further assessment of colour vision shall be complete via the Farnsworth D15 test, to test the severity of the colour vision defect. Any individual who fails the Farnsworth D15 test by making two or more diametrical crossings is assessed as UNFIT.</i>		

Eye Movement		
Evidence of past or present diplopia? <i>If Yes, applicant must complete a full eyesight examination and full assessment of their ocular mobility</i>		
	Yes	No

Fit to Participate			
In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?			
	Yes	No	Further assessment required

Statement by Registered General Practitioner			
Name of medical examiner		Date the applicant was examined on	
Applicant's photo ID sighted?		Yes	No
Are you the applicant's normal GP?		Yes	No
Was this medical examination performed in line with the Motorsport Australia Medical Standards?		Yes	No
Address of medical examiner		Examiner's signature	
Suburb	State	Postcode	<div style="border: 1px solid black; padding: 20px; text-align: center;"> <p>MEDICAL EXAMINERS STAMP</p> </div>

ONCE FORM A IS COMPLETE, PLEASE COMPLETE FORM B

- Completed **Medical Examination Form A** is to be retained by the Medical Practitioner's Clinic, and kept on file while the applicant's Motorsport Australia licence is current and active
- Medical Examination Form B** is to be completed by a Medical Practitioner and submitted to Motorsport Australia Member Services

IMPORTANT
This medical is valid for three months from the date of examiner's signature



FORM B

- To be completed by a Medical Practitioner
- Completed **Medical Examination Form B** is to be submitted to Motorsport Australia, as well as to be retained by the Medical Practitioner's Clinic, and kept on file while the applicant's Motorsport Australia licence is current and active
- Please return completed record to: **Motorsport Australia**
Mail: PO Box 172 Canterbury LPO, VIC 3126
Email: memberservices@motorsport.org.au

Applicant's name

Motorsport Australia ID
(if applicable)

Licence level/type
(if applicable)

Fit to Participate

In your opinion as a Medical Practitioner, is the applicant fit to participate in motorsport in accordance with the Motorsport Australia Medical Standards?	Yes	No	Further assessment required
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Statement by Registered General Practitioner

Name of medical examiner

Date the applicant was examined on

Applicant's photo ID sighted? Yes No

— —

Are you the applicant's normal GP? Yes No

Examiner's signature

Was this medical examination performed in line with the Motorsport Australia Medical Standards? Yes No

Address of medical examiner

Suburb

State

Postcode



Health Statement (must be completed by all applicants)

Please indicate if the applicant has any significant or recurrent problems with any of the following:

Anxiety/depression or other mental health condition

Headaches/migraine/head injury

Diabetes

Heart disease

Epilepsy

Any medical condition that may negatively impact their capacity to safely participate in motorsport activities

Fits/fainting/dizziness

Please specify

If any of the above had been ticked, the applicant is required to provide additional information relating to their condition.

For more information go to: motorsport.org.au/membership/medical or contact Member Services on 1300 883 959

Please indicate if the applicant is affected by any of the following conditions:

Colour blindness

Is vision correction required?

Monocular Vision

Please indicate if the applicant is affected by any of the following conditions:

Does the applicant suffer from any allergies? *Please specify*

Hearing loss or deafness

Does the applicant wear glasses or contact lenses when driving?

If any of the above had been ticked, the applicant is **not** required to provide any additional information relating to these conditions and can continue with their application.

Provide details of any other medical condition or disability which could restrict the applicant generally

(e.g. Knee injury, broken foot, broken arm)

Motorsport Australia may request further information from the applicant or Medical Practitioner before accepting the application for a licence. Depending on medical history or status, Motorsport Australia may not be able to issue the applicant with a licence.

Please note that the applicant is under a continuing obligation to inform Motorsport Australia of any medical matter that may or could impact the applicant's physical or mental capacity to participate in Motorsport Activities.

Examiner's Comments

Comments on applicant's medical history

Has the applicant been prescribed drugs which are in contravention of the Motorsport Australia Anti-Doping policy, or inhaled asthma medications?

If so, please advise drug, dosage and reason:

APPLICANT MUST SUBMIT FORM B TO MOTORSPORT AUSTRALIA