

**AUSTRALIAN AUTO-SPORT ALLIANCE PTY.LTD  
NATIONAL KARTING LICENCE APPLICATION**



SURNAME: \_\_\_\_\_ CHRISTIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Postcode: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AUSTRALIAN CITIZENSHIP YES NO

If No, Nationality on Passport: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you competed in a Kart racing event in the last 12 months? YES NO

If yes, name of last event competed in \_\_\_\_\_ Date: \_\_\_\_\_

**To obtain your Australian Auto-Sport Alliance National Karting Licence the attached Medical Declaration is to be completed by yourself and returned with this application.**

Please supply details of competition history for the past 3 years, or current KA Licence Holders please provide proof of Licence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional listing if necessary)

Office Use Only:

Date MER received \_\_\_\_\_ Licence No: \_\_\_\_\_ Date mailed: \_\_\_\_\_

Receipt No. \_\_\_\_\_ Entered dBase: \_\_\_\_\_ Renewal Due: \_\_\_\_\_

**LICENCE FEE SCHEDULE**

NATIONAL KARTING LICENCE **\$125.00**

Please forward this form along with a photo for ID purposes and your payment to: [info@aasa.com.au](mailto:info@aasa.com.au) or post to AASA, P O Box 483, Wangaratta. Vic. 3677

**PAYMENT DETAILS**

Cheque payable to **Australia Auto Sport Alliance Pty. Ltd.** enclosed for \$.....  
or charge that amount to my

Visa  MC Expiry ...../.....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Signature

\_\_\_\_\_



**MEDICAL DECLARATION – NKL**

Information given in this statement will be treated in total confidence although the Chief Medical Officer, upon examining this document, is obliged to advise the Organiser of the Event if, at any time, a participant's medical condition poses an unacceptable risk to that individual or to a co-driver, spectator, race official or any other person attending the Event.

**AGE** \_\_\_\_\_ years      **CURRENT BODY WEIGHT** \_\_\_\_\_ kg/lbs      **HEIGHT** \_\_\_\_\_ cms / ins

**VISION**

While driving, do you wear glasses or contact lenses? Yes / No  
 Do you have any problems with colour vision or distance vision? Yes / No

Details: \_\_\_\_\_

**MOBILITY**

Do you have any restriction of movement in your limbs? Yes / No  
 Do you have any restriction of your ability to enter or leave your vehicle? Yes / No

Details: \_\_\_\_\_

**MEDICAL**

Have you ever suffered from any of the following – please circle Yes / No -

Any nervous disorder including nerves, neurasthenia or anxiety state?	Yes / No	Fits, convulsions, turns, blackouts, fainting or giddiness	Yes / No
Headaches	Yes / No	Deafness or noises in the ear	Yes / No
Head injury or concussion	Yes / No	Earache or discharge from the ear	Yes / No
Tuberculosis or lung trouble	Yes / No	Chronic Sinusitis	Yes / No
Rheumatic Fever or Heart Disease	Yes / No	Any surgical operations	Yes / No
Indigestion, gastric or duodenal ulcer	Yes / No	Any injuries related to motorsport	Yes / No
Kidney or bladder trouble	Yes / No	Any other injuries	Yes / No
Diabetes	Yes / No	Any illnesses not already mentioned	Yes / No
Anaemia or other blood disease	Yes / No	Any known allergies	Yes / No

If Yes to any of the above, give full details: \_\_\_\_\_

**MEDICATION**

Please list all medication that you may be taking while attending the event – include prescription, over the counter and health shop preparations.

Name of Drug	Strength	Number taken per day

I certify that this is a true statement of my medical condition. I will advise the CMO of any subsequent medical problems that may arise or any medical treatment that may affect my ability to participate in this event.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_