



النادي الدولي الكويتي للسيارات  
KUWAIT INTERNATIONAL AUTOMOBILE CLUB  
(KIAC)



**MOTOR SPORTS COMPETITION LICENCE**  
**APPLICATION FORM - MOTO**



**Section 1 - Applicant's Details:**

Last Name			First Name(s)		
			الاسم الكامل باللغة العربية Name in Arabic		
Civil ID Number			Expiry		
Kuwait Driving Licence Number			Expiry		
Nationality		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth
Address					
Telephone Number(s)			E-mail		

**Section 2 - Grade / Type of Licence Required:**

<input type="checkbox"/> NATIONAL	<input type="checkbox"/> CONU (FIM-ASIA)	<input type="checkbox"/> INTERNATIONAL (FIM)
<input checked="" type="checkbox"/> RIDER	<input type="checkbox"/> OFFICIAL: (Designation)	
<input type="checkbox"/> Circuit Racing: Superbike – Endurance – Superstock.	<input type="checkbox"/> Trial	<input type="checkbox"/> Trial Junior
MOTOCROSS: <input type="checkbox"/> MX1/MX2	<input type="checkbox"/> MX3	<input type="checkbox"/> MX Junior
<input type="checkbox"/> Cross-Country Rallies	<input type="checkbox"/> Enduro	<input type="checkbox"/> Track Racing (Speedway)
<input type="checkbox"/> Drag Racing		
<input type="checkbox"/> ROLL Racing	<input type="checkbox"/> Other: (Please Specify)	

**Section 3 – Medical Information: to be completed by all competitors (excluding Entrant)**

- Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?  
YES ☐ NO ☐ If yes, please give details below:

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- Have you ever been treated for any of the following?

a) A severe psychiatric illness or mental disorder .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) High blood pressure .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) Severe giddiness, fainting spells or blackouts .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) Diabetes .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) A severe head injury which led to concussion or unconsciousness .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f) Heart disease or heart disorder .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>
g) Epilepsy .....	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answer Yes to any of the above, please give details below (including details of medication and treatment you received or are receiving:

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- Have you ever had any disease or disorder of the eyes other than needing glasses/contact lenses?  
YES ☐ NO ☐ If Yes, please give details below:

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**Section 4 – Medical Report:**

Applicant Name: .....

Dear Doctor,

Please read section 3 of this application and fill in this section for the applicant who is applying for a Motor Sport Competition Licence, and kindly state your opinion whether the applicant is medically fit to compete in Motor Sports events or not. You may use a separate paper for additional details and attach it to this form.

1. Are you the applicant's usual doctor? Yes ☐ No ☐
2. Is there any evidence of abnormality of the heart or cardiovascular system? Yes ☐ No ☐

If Yes, please give details below:

3. Is there any evidence of a physical or mental condition (past or present) which could, in your opinion, prevent the applicant from holding a motor sports competition licence? Yes ☐ No ☐

If Yes, please give details below:

4. Does the applicant have any physical abnormality or restriction of movement in the Arms or Legs? Yes ☐ No ☐

If Yes, please give details below:

5. Vision:

Uncorrected	R eye	./	L eye	./
Corrected	R eye	./	L eye	./
Corrected vision with both eyes open (wearing corrective lenses if necessary)				./
Field of vision				

Does the applicant need to wear eye glasses / contact lenses while driving? Yes ☐ No ☐Is the applicant's colour vision normal? Yes ☐ No ☐

If No, please give details below:

6. Blood Pressure:
- ./

7. Is the urine analysis normal? Yes
- ☐
- No
- ☐

If No, please give details below:

8. I have examined the applicant in line with this form, and in my opinion, I have found the applicant:

(Please place your practice stamp in the appropriate box below)

Medically fit to compete in motor sports

Not medically fit to compete in motor sports

If Not medically fit, please give details below:

Doctor's Name: .....

Doctor's Signature:

Clinic / Hospital Name: .....

Telephone Number(s): .....

Date: .....

### Section 5 – Declaration:

- I have read and I am familiar with the terms and conditions of the FIM International Sporting Code and undertake to conform to such.
- I understand that I may not take part in any event, national or international, that has not been authorized by the KIAC or for which I have not been granted special authorization from KIAC.
- I agree to uphold the good name of the FIM, the KIAC and Motor Sport.
- I understand that if I have given any false information in this application KIAC may take disciplinary action against me, this might include my licence being permanently withdrawn.
- I agree to your medical consultant getting medical information about me from any doctor/hospital who has ever seen me about anything which affects my physical or mental health.
- I agree to abide by the regulations relating to the use of drugs and prohibited substances.
- I understand that motor sport is an extremely dangerous activity and I agree to attend / participate in motor sport at my own risk.
- I agree to save harmless and keep indemnified Kuwait International Automobile Club (KIAC), its employees, event officials and all other persons or parties who are responsible for the organization of the events from against all actions, claims, costs expenses and demands in respect of injury or death to myself and / or loss damage to my property howsoever caused arising out of or in connection with issuing this licence or my taking part in motor sports events, notwithstanding that the same may have been contributed to or occasioned by negligence of the said bodies, their officials, employees, representatives or agents.

Applicant's Signature:

Date:

/ /

If you are under 21 years old, your parent or legal guardian must also sign below.

Parent's or Legal Guardian Name: .....

Parent's or Legal Guardian Name in Arabic: .....

Civil I.D Number: .....

Signature: ..... Date: .....

### Section 6 – for KIAC official use only:

Grade/Type of License:	License Number:	Valid for (Year)	Fee Amount:	Date Issued:

Kuwait International Automobile Club (KIAC)  
P.O.Box 2100 Safat, 13021  
Kuwait.

Tel.: 965 24827521  
Fax: 965 24841433  
[kiac-kwt@kiac.com.kw](mailto:kiac-kwt@kiac.com.kw)

❖ Please attach with this form:

- One Photo.
- Copy of Civil ID.
- Copy of Kuwait Driving Licence.

❖ **Important Notice:** All non-Kuwaiti residents must obtain written no objection letter from their national ASN in order to issue competition licence from KIAC.