



APPLICATION FOR 2009 AMU COMPETITION LICENCE

COST OF LICENCE:- (US\$30.00)

LICENCE NO:.....

FILL IN TYPE OF LICENCE REQUIRED E.G. MOTOCROSS OR BAJA:.....

SURNAME:.....FIRST NAMES:.....

DATE OF BIRTH:..... PLACE OF BIRTH:.....

NATIONALITY:..... FEDERATION:.....

POSTAL ADDRESS:.....

TELEPHONE NO:..... (HOME).....(WORK).....(CELL)

FAX NO:..... E-MAIL:.....

DETAILS OF LICENCE ISSUED BY FEDERATION:

LICENCE NO:.....CATEGORY OF LICENCE:.....STATUS:.....

NAME OF REGISTERED CLUB / ASSOCIATION:.....MEMBERSHIP NO:.....

AMU LICENCES WILL ONLY BE ISSUED TO COMPETITORS ON PRODUCTION OF PROOF THAT THEY HOLD A VALID NATIONAL LICENCE BY THEIR OWN FEDERATION:

JUNIOR COMPETITORS MUST PRODUCE A CERTIFIED COPY OF THEIR BIRTH CERTIFICATE.

I, the applicant, hereby certify that:-

- 1. I understand that should I, at the time of an event in which I intend taking part, be suffering from any condition / disability (whether permanent or temporary) which is likely to prejudicially affect my control of my machine, I may not take part in the event concerned, unless expressly permitted to do so by AMU following declaration of my condition / disability. I further understand that, notwithstanding the issue of a licence to me by AMU, it remains my responsibility not to participate in any event where a condition or disability suffered by me, may in any way affect my, or any other person's safety.
- 2. I declare that, to the best of my knowledge, I possess the standard of competence necessary to take part in any event entered, and that any machine entered will be suitable and raceworthy / roadworthy, having regard to the speeds which will be reached.
- 3. I declare that any machine entered by me, will comply with all regulations and specifications pertaining to the event entered / category of motorsport concerned. I accept, subject to my rights of protest and appeal, that action will be taken against me, as the entrant and / or rider, in accordance with the provisions of AMU's regulations, if my machine is found not to comply with the relevant regulations and specifications.
- 4. All information furnished in this application is true and correct.

SIGNED:..... DATE:.....
(Applicant)

PARENT / LEGAL GUARDIAN:..... DATE:.....

**RETURN APPLICATION FORM TO THE AMU SECRETARIAT: P O BOX 11499 VORNA VALLEY:
1686: SOUTH AFRICA: FAX: (27-11) 466 2262: E-MAIL: jacqui@motorsportsa.co.za**

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