

Licence Application

Competitor Details

Surname: _____ Christian Names: _____
Address: _____
Date of Birth: _____ Sex: _____
Phone (H): _____ Phone (M): _____
Email: _____

Emergency Contact

Name: _____ Contact Phone: _____
Relationship: _____

Competition History

OPTION ONE - Observed Licence Test (OLT)

OLT Date: _____ OLT Conducted by: _____
Report attached (tick): or - Assessors Signature: _____

OPTION TWO - Existing Equivalent Licence Holder

Licence Number: _____ Licence Type: _____
Expiry: _____ Photocopy attached (tick):

OPTION THREE - New Licence with Evidence of Experience

Event One: _____ Event Type: _____ Event Date: _____
Event Two: _____ Event Type: _____ Event Date: _____
Event Three: _____ Event Type: _____ Event Date: _____

Payment Details - Licence Fee \$165

Cheque Enclosed: or Card Type: Visa: Mastercard:
Name on Card: _____ Expiry: _____
Card Number: _____ Signature: _____

Return completed form,
attachments and medical
form to:

Independent Race Series, 5/73 Sheppard Street, HUME, ACT, 2620