Licence Hours: JHB – Mon – Thurs. 08h00 to 15h00 & Fri 08h00 to 14h00 DBN & CTN - Mon to Fri - 08h00 - 13h00

Reg. No 1995/005605/08 www.motorsport.co.za

Tel. National Number: 0861 672 672 JHB: 2711 675 2220. Fax: 2711 675 2219 KZN: Tel: 2731 266 5640/ Fax: 0866 123 462/WC: 2721 556 1026 / Fax: 0866 123 465 Online Licenses: <a href="https://www.msaonline.co.za">www.msaonline.co.za</a> General Email Support: <a href="mailto:support@motorsport.co.za">support@motorsport.co.za</a> or <a href="mailto:msa@motorsport.co.za">msa@motorsport.co.za</a>																	
2018 OFFICIAL LICENCE APPLICATION FORM																	
License Number (If Renewing):			ID Number										Date Birtl				
Name		Surname															
Postal Address:											Code						
Mobile		Landline									Fax nr						
Region e.g. Border:		E-mail															
Ethnicity			Gender		М	F	Deve	lopment		Υ	N	Club					
Did you attend the prescribed MSA GCR Seminar, written and passed the exa	y	N	Region where GC	R Semin	ar was at	ttended?							you passed	d the cate	gory	Υ	N
PLEASE SELECT YOUR CATEGORY AND INDICATE GRADING (E.G. GRADE A, B OR C)																	
CATEGORY	SELECTION		GRADING - SE	LECTIC	ON			OTHE	R CA	PACITIES	– PLEASI	INDICA	TE SHO	ULD YO	J OFFIC	ATE	
Circuit Cars					Cle	Clerk of Course											
Circuit Motorcycles	uit Motorcycles						MSA Steward										
Karting							Circuit Marshal										
rag Racing								MSA Technical Consultant									
Motocross					Jud	Judge of Fact											
Enduro					Scr	Scrutineer											
Drifting					No	Non-Circuit Marshal											
4x4 Xtrack Racing					Me	Medical Personnel											
Off Road Motorcycles				Env	Environmental Officer												
Cross Country Cars				Tim	Time Keeper / Scorer												
Off Road Quads					Rot	Route Marker (OR)											
Regularity Rallies				Obs	Observer												
Rallies					Rad	Race Secretary											
Supermoto							PERSONAL ACCIDENT INS BENEFITS						RANCE	– BASI	С		
Oval					ava	(Insurance information is available on the MSA Website				Medical Ex		Disa	ıblement	Death	Benefit		
Spinning							nual Pr	emium	R 89	9.00	R 500 00	0	R 2	50 000	R 250	000	
PERSONA	L ACCIDE	NT IN	SURANCE C	OVE	R PRO	OVIDE	D BY	MSA	1 TA	NO CH	ARGE F	OR M	SA OF	FICIA	LS		
Nominated Beneficiary																	
ID Number																	
Contact Number										1							
I confirm that I will familiarize myself with all MSA Rules and Regulations, and that I will adhere to/comply with these at all times. I further confirm that the information supplied above is Correct. I also undertake to inform MSA of any changes to my contact details and agree to receive motorsport newsletters electronically.																	
Signature of Applicant or Parent/Guardian (if under 18) Date																	

## ATTENTION

Regular participation in/or attendance of motorsport events may result in hearing loss. Competitors, service crews, families and officials must be aware that it is their responsibility to protect their hearing by wearing protective devices.

"I acknowledge that my conduct as an official is required to meet the standards set out in MSA's Code of Conduct for officials (as published on the MSA website) and accept that any breach of this code of conduct will be deemed to be a breach of MSA's regulations and may result in action being taken against me."

MSA reserves the right to request a Medical Certificate of present health condition should it be deemed necessary. Claims may be rejected should the Organising Club fail to confirm your official capacity in an event more than 72 hours after the finish of an event.

## DECLARATION, UNDERTAKING, WAIVER AND INDEMNITY TO BE COMPLETED AND SIGNED BY EVERY OFFICIAL AT AN MSA SANCTIONED EVENT

, (full names)			
of (address)			
by the standing supplementary regular comoter, organiser, any vehicle owe on which a competition is held, nor representatives shall be liable underwhatever kind sustained by myself road or area forming part of the tractional desired by many competition or an eased, and even though same may	lations (SSR's) issue ners or possessors, any government, p r any circumstance whilst being preser ack or route, or an by practice run or at be contributed to co or any promoter,	ed for any competition guarantor and/or spo provincial or municipal is for any damage or fat at or attending upony deviation there from any time whatsoever, or caused by the willfu organiser, guarantor	Motorsport South Africa ( MSA), and I agree to be bound is at which I officiate. I agree that neither MSA, nor the insor of any competition or the owner/s of the property body, and their respective officials, agents, servants or for any personal injury – fatal or otherwise – or loss of in, whether whilst officiating or otherwise, any track or in or any approach thereto (the event venue), whether by whatever means such damage, injury or loss may be I act, neglect or default of any official, agent, servant or or sponsor of the competition, or the owner/s of the unicipal body.
of any property on which the comp	petition is held and a against and legal l	any government, pro	stor and the sponsor of the competition and the owner/s vincial or municipal body and their respective officials, e or for any personal injury – fatal or otherwise – or loss
peing present at or attending upon, wor or any other form or motoring comp damages arising there from or injury	whether whilst offic petition of whatever or loss being sustain re of the dangers pro	iating or otherwise, m r nature. I hereby volu ned by myself or any ot esent and also aware tl	nd extent of the risks, dangers and perils attendant upor otor vehicle, motorcycle and quad racing, rallying, karting untarily assume and consent to such risk and the risk of her person as a result thereof. I elect to enter upon event that the conditions at any event venue may become more
further agree that this assumption of	and consent to risk	shall operate against my	y dependants and/or heirs, executors and administrators.
urthermore acknowledge and accep	t that I, as an MSA	official, am personally	bound by MSA's GCR's and SSR's.
	•		thority of a permit issued by MSA, or for which a waiver attend, whether whilst officiating or otherwise.
hereby represent to MSA and warra section under Parent/Guardian/Curat	•	_	atively, if the Applicant is under 18 years of age, then the ted.
SIGNED AT	this the	day of	20
SIGNATURE OF THE APPLICANT:		ID No	
Assisted by (if the Applicant is a mind	or)		
SIGNATURE OF PARENT/GUARDIAN/O	CURATOR:		
DECLARATION BY PARENT/GUARDIA	N/CURATOR		
(full names)			
n my capacity as Parent/Guardian/Cu to in this <b>DECLARATION, UNDERTAKI</b> ntegral part of this <b>DECLARATION, U</b>	rator of the Applica NG, WAIVER AND II NDERTAKING, WAIV	ant hereby consent to the NDEMNITY. I agree than VER AND INDEMNITY were the NOTEM INDEMNITY was not to the NOTEM N	he participation of my child/ward in the activities referred at this endorsement of consent by me is an indivisible and which I have also signed. I fully understand and appreciate
	,	•	nner, so understood by my child/ward. I hereby assist my re that this <b>DECLARATION, UNDERTAKING, WAIVER AND</b>
furthermore bind myself jointly and due performance of any obligation ar			cipal debtor with my child/ward in favour of MSA for the ING, WAIVER AND INDEMNITY.
SIGNED AT	this the	day of	20
SIGNATURE OF PARENT/GUARDIAN/O	`LIRATOR·		