



APPLICATION FOR 2007 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:..... (Applicant)

DATE:.....

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

FMN STAMP

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