

# AUSTRALIAN INDEPENDENT DIRT KART ASSOCIATION INC.

## 2012 LICENCE APPLICATION

New Member	Licence Renewal from Last Year	Previously held an AIDKA Licence	Restricted Drivers Licence issued from	Licence Card or Log Book
	Licence Number:	Licence Number:	1 <sup>st</sup> September	Reissue

Title:	Full Name:
--------	------------

Full Postal Address & Postcode:
---------------------------------

Date of Birth:  Contact Telephone Number ( Mobile or Home):

**EMAIL Address** (If you permit your details to be added to AIDKA mailing list):

**Licence Type (Please tick relevant box)**

Senior Drivers (14 years & over) \$210.00

Kart Number:

<b>A GRADE</b>	<b>B GRADE</b>	<b>C GRADE</b>	<b>D GRADE</b>
200cc Open 160kg Outlaw 160kg KT Twin 160kg	100cc Open 140kg 125cc Light 140kg 125cc Heavy 160kg	KT Light 120kg KT Medium 140kg KT Heavy 160kg Statesman (over 40yrs) 140kg	J Open 120kg

If you are a **Probationary Driver** (please tick)

Kart Number:

Junior Driver (under 14 years of age on 1<sup>st</sup> February) \$105.00

<b>JUNIOR</b>	<b>ROOKIE</b>
Junior Light 95kg Junior Heavy 115kg	Rookie Is a Restrictor Plate required? (\$15.00) <input style="width: 50px;" type="checkbox"/>

**Non Driver**

Senior Official \$60.00     Senior Pit Crew \$75.00

Junior Pit Crew ( <16 years of age on 1<sup>st</sup> January) \$45.00

I hereby apply for an AIDKA Licence as a Driver / Non Driver. I agree to abide by the rules of the Australian Independent Dirt Kart Association Inc. An AIDKA licence holder must at all times be a financial member of an affiliated Club. A medical disclaimer may apply. An AIDKA licence is for use at AIDKA Affiliated Clubs only.

**It is a requirement that all licence holders are covered by Ambulance Insurance / Cover.**  
**By signing this application you are confirming that you have Ambulance Insurance / Cover.**

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Applicant's Signature	Date:

Parent/Guardians Signature if under 18 years of age
---

Affiliated Club Use
I confirm that the applicant is a financial member of the <input style="width: 250px;" type="text"/> Club
Club Secretary's Signature <input style="width: 500px;" type="text"/>

**Additional Documentation Required; ALL DRIVERS MUST PROVIDE PROOF OF AMBULANCE COVER OR EQUIVANT**

- 1 If you were a licence holder last year and there is **no change to the grading** no further documentation is required.
- 2 If you were a licence holder last year and **you are upgrading** a copy of your Log Book pages 8,15-22 is required.
- 3 If you are a previous member or a new member we require a copy of your old log book (if applicable) and photo preferably in jpg format to be forwarded to the AIDKA Licence Secretary.
- 4 If you are a new member under the age of 18 years, proof of age must be attached.  
***If you require a new photograph on your licence please forward to the AIDKA Licence Secretary preferably in jpg format.***

# AIDKA Medical Declaration

## Statement by Applicant

PLEASE CIRCLE ANSWER

- 1 Have you ever been declined life insurance on medical grounds?
- 2 Are you required to take a state roads or traffic authority medical examination to obtain a motor vehicle licence?  
**Have you ever suffered, been diagnosed or had treatment for:-**
- 3 Any medical or surgical conditions that could interfere with the fine movements of your arms and legs?
- 4 A psychiatric or psychological illness?
- 5 Persistent or severe headache, head injury, epilepsy, seizure, fainting or giddiness?
- 6 Heart or lung disease, blood vessel disease, hypertension, coronary bypass or other major surgical procedure?
- 7 Cancer, kidney, bladder, diabetes, gastrointestinal, thyroid or blood disorders: including any surgical procedure?
- 8 A significant illness, injury or surgery not listed?
- 9 Any ear disorder that may affect your balance including tinnitus?
- 10 Eyesight impaired for distance vision to such an extent that it cannot be corrected?
- 11 Are you taking any injections, tablets or other forms of medication?

YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO
YES	NO

**PLEASE NOTE: Should you have answered "yes" to any of the questions 1-11, and you are applying for a licence to drive a go-kart you are required to have your Doctor complete the medical clearance below.  
If your licence application requires a medical clearance it will not be processed until that clearance is received.  
None of these items will necessarily preclude you from holding a licence, but it is a safety requirement that the information above is disclosed.**

12. Are you required to wear spectacles to correct distance vision?
13. Are you on Work Cover/Workers Compensation? (If YES, drivers are not permitted to race)

YES	NO
YES	NO

### Declaration

- a. I certify that the statements made to AIDKA regarding my physiological and physical condition and any previous illness are true and correct.
- b. I declare that should any of the above conditions become evident during the currency of this licence, I agree to abstain from exercising the privileges, will notify AIDKA and submit to a further medical examination the results of which are to be forwarded to the AIDKA Secretary.
- c. I undertake not to use medication or drugs that might be considered illegal within a period of 24 hours prior to a race competition on or participation of any sort.

Applicant Signature \_\_\_\_\_

Dated this day \_\_\_\_\_

**An Applicant making a false declaration is liable to refusal/cancellation of their licence**

### Medical Clearance to Race a Go Kart (to be completed by your Doctor/Physician ONLY if required) See Above

Doctor/Physician Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Doctor/Physician Address \_\_\_\_\_  
\_\_\_\_\_

Having Examined \_\_\_\_\_  
(Applicant's Name)

Who I understand is applying for an AIDKA Licence to race Go Kart, in my opinion, there are no medical conditions that would detrimentally affect his/her ability to control/drive a Go Kart

Doctor/Physician Signature \_\_\_\_\_

Doctor's Stamp

# AIDKA QUESTIONNAIRE

AS PART OF 2012 AIDKA LICENCE APPLICATION THE BELOW QUESTIONS MUST BE ANSWERED

**NAME:** \_\_\_\_\_ **CLUB:** \_\_\_\_\_

Would you prefer Titles events to be raced at night on tracks that regularly race night meetings? i.e. Morgan. **Yes / No**

Would you like to see the format changed to a final only counts format, ie first kart across the line in the final. **Yes / No**

Are you happy to cap insurance payouts, in the event of an accident in order to reduce AIDKA's premiums, therefore reduce license costs **Yes /No**

How can AIDKA make karting safer \_\_\_\_\_

How can AIDKA better promote Dirt Karting \_\_\_\_\_

How can AIDKA make karting a more enjoyable experience \_\_\_\_\_

**Please return with your 2012 Licence Application to your Club Licensing Secretary.**