

Attached is the 2022 CARS licence application. Please complete the form, sign it and have it witnessed.

When applying for your licence, please include the following:

C- completed licence application signed and witnessed – original form/signatures required.

C – completed medical form. ALL licence applicants must have the form completed by their doctor as per their age requirement – original form/signature required and should be completed within three months of the licence application.

C- completed medical status confirmation form if medical is still valid (see expiry date on CARS licence) – original form / signature required.

C – copy of valid 2022 CARS affiliated club membership card or a message/email from a club executive stating you are paid up for all of 2022.

C- copy of valid first aid certificate – If the certificate expires during the year, the licence will expire one month after the first aid certificate expires.

C – copy of both sides of your valid driver's license.

C- appropriate amount of money (cheque, money order, interac e-transfer to [office@carsrally.ca](mailto:office@carsrally.ca), Paypal to [cash@carsrally.ca](mailto:cash@carsrally.ca), or credit card.

C- For first time applicants (Driver only) a resume of performance driving experience must accompany the application.

***If your application is incomplete, it will be returned.***

Please apply for your CARS licence at least two weeks before the event you want to enter.

Vous trouverez à la suite votre formulaire de demande de licence pour la saison 2022. S'il vous plaît, remplissez le formulaire, signez-le et faites signer un témoin.

Lorsque vous demandez votre licence, n'oubliez pas d'inclure:

C – le formulaire de demande de licence rempli, et signé par vous et un témoin – document original signé.

C – le formulaire médical rempli – Tous les compétiteurs qui demandent une licence doivent faire remplir le formulaire médical par leur médecin selon leur âge – document original signé, et devrait être achevé dans les trois mois suivant la demande de licence.

C – remplir la confirmation du statut médical, s'il est toujours valable (voir la date d'expiration sur la licence (CARS) – document original signé.

C- une photocopie d'une carte de club affilié à CARS et averse pour l'année 2022, ou un message/courriel d'un directeur de votre club qui déclare que vous avez payé votre cotisation pour l'année 2022.

C – une photocopie d'un certificat de premiers soins valide. Si ce certificat vient à échéance au cours de l'année, votre licence viendra à échéance un mois plus tard.

C – une photocopie des deux côtés de votre permis de conduire valide.

C – Le montant approprié (sous forme de chèque, mandat-poste, interac, e-transfert à [office@carsrally.ca](mailto:office@carsrally.ca), Paypal à [cash@carsrally.ca](mailto:cash@carsrally.ca), ou carte de crédit)

C- Si c'est votre première demande (pilote seulement), joignez votre cv de compétition automobile à votre demande

***Si votre formulaire est incomplet, il vous sera retourné.***

Veuillez faire parvenir votre demande de licence CARS au moins deux semaines avant l'événement auquel vous voulez participer.



# Canadian Association of Rallysport

## Application for Competition license - 2022

LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS			
CITY	PROVINCE/STATE	POSTAL CODE/ZIP CODE	
HOME PHONE	CELLULAR PHONE	PROVINCE OF DRIVER'S LICENCE	
DIRTHDATE (Y/M/D)	COUNTRY OF BIRTH	DRIVER'S LICENCE NO.	
CARS AFFILIATED CLUB	EMAIL ADDRESS		
PREVIOUS CARS LICENSE NUMBER AND TYPE	FIRST AID COURSE GIVE BY	FIRST AID EXPIRY DATE	
APPLYING FOR <input type="checkbox"/> FIRST ISSUE <input type="checkbox"/> REGIONAL <input type="checkbox"/> SINGLE EVENT <input type="checkbox"/> RENEWAL <input type="checkbox"/> NATIONAL    EVENT NAME: _____ <input type="checkbox"/> UPGRADE    _____		LANGUAGE PREFERENCE ENGLISH    FRENCH DRIVER _____    CO-DRIVER _____	

### DECLARATION AND WAIVER

I, the undersigned, hereby apply to the Canadian Association of Rallysport (CARS) for a rally motorsport competition license. I undertake to submit to and be bound by the International Sporting Code of the FISA and the General Competition Rules of CARS. I certify that the information given above is correct. In consideration of my being granted a competition license, I acknowledge and accept (a) that my competition license permits me to participate as a competitor only in the types of events for which I am so licensed; (b) that certain risks are inherent in such events and that by participating in such events I voluntarily run the risk of injury or loss of life; and (c) that it is a condition of my being so licensed I assume all such risks myself, I for myself, my heirs, executors, and administrators hereby remise, release and forever discharge the Canadian Association of Rallysport, its member clubs and regions, ASN Canada FIA, the owners, sponsors and drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which any such event is run and all those having anything to do with the management or control of such premises or of the competing cars and service vehicles or of the event itself, their servants and agents of and from any and all actions, cause of actions, claims and demands whatsoever for any loss or injury suffered by me in any way arising out of or resulting from my participate in in any such event, test or practice therefore or from my being on such premises for or in connection with any event in which it is intended that I or my car participate, whether or not such loss or injury results wholly or partly from negligence on the part of any of the persons hereby released.

IN WITNESS WHERE OF I have hereunto set my hand at City \_\_\_\_\_  
 Province \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature \_\_\_\_\_

If applicant is under the Age of Majority, A Consent/Release by Parent or Guardian MUST accompany this application (Available from CARS)

### WITNESS

SIGNATURE	FULL NAME
ADDRESS	CITY/PROVINCE

This form must be completely filled out, signed, witnessed and accompanied by the following documentation: completed medical or medical status form, a photocopy of current CARS affiliated club membership card, photocopy of both sides of valid driver's license, photocopy of valid first aid certification, and payment to CARS for the appropriate amount. (GST/HST # 875609869)

National - \$362.25 (NB/NL/NS/PEI), \$355.95 (ON), \$330.75 (BC/AB/SK/MB/QC/ Territories)

Regional - \$281.75 (NB/NL/NS/PEI), \$276.85 (ON), \$257.25 (BC/AB/SK/MB/QC) Territories)

Single Event National - \$184.00 (NB/NL/NS/PEI), \$180.80(ON), \$168.00 (BC/AB/SK/MB/QC/Territories)

Single Event Regional - \$143.75 (NB/NL/NS/PEI), \$141.25 (ON), \$131.25 (BC/AB/SK/MB/QC/ Territories)

MAIL TO Box 300, Turner Valley, AB, T0L 2A0 2021-CARS- DLD

2022

CARS Medical Status Confirmation

Effective immediately, the following will apply; all CARS licence applicants are required to pass a medical examination by a physician as follows:

- at the time of a first-time licence application
  - every five (5) years for applicants 16 to 35 years of age
  - every two (2) years for applicants 36 to 59 years of age
  - every year for applicants 60 years of age and older
  - applicants require a medical self-declaration in the years in which a medical examination by a physician is not required
- The stress test previously required for applicants 45 years and older, initially and every two years, is now required only if the applicant's physician so deems it necessary.

I, \_\_\_\_\_ (print name), have not had any change(s) or deterioration in my health since my last physical examination for my CARS competition licence.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Signature of parent or guardian if applicant is under the age of majority:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

2022

Confirmation de statut médical de CARS

Ce qui suit entre en vigueur immédiatement. Tous les compétiteurs qui demandent une licence CARS devront passer un examen médical délivré par un médecin, selon les critères suivants:

- Au moment d'une demande pour une première licence
- À tous les cinq ans, pour les compétiteurs âgés de 16 à 35 ans
- À tous les deux ans, pour les compétiteurs âgés de 36 à 59 ans
- Chaque année, pour les compétiteurs âgés de 60 ans et plus
- Les demandeurs de licence devront faire une déclaration médicale sur l'honneur au cours des années où un examen médical par un médecin n'est pas requis.

Le test sous effort, qui était requis des demandeurs de licence de 45 ans et plus, lors d'une première demande et aux deux ans par la suite, n'est maintenant requis que si le médecin le juge nécessaire.

Je, soussigné \_\_\_\_\_ (nom), n'ai connu ne changement ni détérioration de mon état de santé depuis mon dernier examen médical, dans l'obtention de ma licence de compétition de CARS.

\_\_\_\_\_  
Signature du demandeur

\_\_\_\_\_  
Date

Signature du parent ou du tuteur, si le demandeur n'a pas l'âge de la majorité.

\_\_\_\_\_  
Signature du parent ou du tuteur

\_\_\_\_\_  
Nom en lettres moulées

\_\_\_\_\_  
Date



**PHYSICAL EXAMINATION FORM  
FOR THE CANADIAN ASSOCIATION OF RALLYSPORT COMPETITION LICENSE**

Page 1 of 2

**The Canadian Association of Rallysport has two medical delegates available for consultation. These doctors are accessible through the CARS office.**

**Dear Doctor,**

**This is page 1 of 2 pages.** You are being asked to examine this candidate for a rally licence for the Canadian Association of Rallysport. If you find the candidate physically and psychologically fit, and they pass their other tests, the candidate will then be granted a licence that will enable them to drive or co-drive a competition vehicle at extremely high speeds under the most exacting conditions.

Please, therefore, examine the candidate carefully and critically, and recommend them only if you are completely satisfied in all respects. An appeal procedure exists whereby the candidate may take the matter up with a physician experienced in rallying should you disapprove the applicant. You will thus be doing not only the applicant, but also our sport, a service by conducting this examination as carefully as possible.

**Eyesight standards required:**

- a) Visual acuity (before or after correction, sight for each eye should be at least 6/15 (metric). Furthermore, any subject whose visual acuity in one eye only is diminished and cannot be corrected and who necessarily has contralateral vision, whether corrected or not, equal to or greater than 6/6 (metric), may obtain a driver's licence under the following conditions and after examination by a competent ophthalmic specialist:
  - Field of vision equal to or greater than 120°
  - Functional stereoscopic vision
  - Condition of the fundus excluding pigmentary retinal damage
  - Any old or congenital damage shall be strictly unilateral
  - Blindness in one eye is absolutely excluded
- b) Normal binocular vision
- c) Normal colour vision (recourse to the Ishihara tables in doubtful cases and to the Beyne Lantern, or a similar system in cases of error).;
- d) The wearing of contact lenses is permitted provided that:
  - They have been worn for a period longer than 12 months and for a significant period every day
  - They are certified as satisfactory for motor racing by the ophthalmic specialist who supplied them (hard contacts are not recommended).

**List of illnesses and disabilities incompatible with the practice of motor sport:**

- Epilepsy with behavioral effects, or under treatment
- Amputations, except in the case of fingers where the gripping function in both hands is unimpaired
- Orthopedic appliances, if the functional result is not equal or near to normal
- Free movement of the limbs impeded by more than 50%
- Insulin-dependent diabetes, on condition that a confidential document proving that regular supervision of the party concerned and of their treatment is submit to the medical delegate approved by the Canadian Association for Rallysport
- Myocardial infarction and myocardial ischemia, valvular disease or other abnormal cardiovascular conditions
- Functional limitation of the articulations of the hand superior to 50% and affecting two or more fingers of the same hand
- Orthopedic appliance allowing the party concerned to recover normal or near normal functional activity
- Psychiatric conditions



**PHYSICAL EXAMINATION FORM  
FOR THE CANADIAN ASSOCIATION OF RALLYSPORT COMPETITION LICENSE**

**Applicants' Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 City/Province: \_\_\_\_\_ Gender: M  F   
 Occupation \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Re-examination: It shall be the responsibility of the applicant to be reexamined as follows:**

- 1. Upon the expiration of their current medical examination form.**
- 2. Following any significant illness, injury or hospitalization**

**Examining Physicians' Report**

Name, address and telephone number of examining Doctor.  
 Please affix your stamp in the box

1	Is there any evidence of abnormality of the heart of cardiovascular system? (If yes provide details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Is there any evidence of a physical or mental condition, past or present which could, in your opinion, debar the applicant from holding a motor sport competition licence? (If yes provide details below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Does the applicant have any physical abnormality of restriction of movement of upper and/or lower limbs? (If yes provide details below).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4	Vision	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	a) Has the applicant ever had any disease or disorder of the eye other than needing glasses or contact lenses? (If yes provide details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b) Are corrective lenses (contact lenses or glasses required for driving?).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	c) I have performed a vision test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	Blood Pressure	Diastolic	Systolic
6	Date of last Tetanus Booster	M:     D:     Y:	

**Details on history and findings: (Continue on another page if necessary).**

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The applicant should have no established medical history or clinical diagnosis that may reasonably be expected, within 2 years after this finding, to make them unable to perform the duties or exercise the privileges of Canadian Association of Rallysport competition licence.

On the basis of the above report, and mindful of the information provided to me, I make the following recommendation:

- That the applicant is physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.
- That the Canadian Association of Rallysport medical delegate review the applicant's application
- That the applicant is **NOT** physically and psychologically fit to drive a racing vehicle in competitive events at high speeds.

Date: \_\_\_\_\_ M: \_\_\_\_\_ D: \_\_\_\_\_ Y: \_\_\_\_\_ Signed: \_\_\_\_\_ M.D.