

Canadian Automobile Sport Clubs- OR 11110 Finch Ave West, Suite 222 North York, Ont M3J 2T2 **Phone**: (905) 667-9500 **Fax**: (416) 667-9555 **Email**: office@casc.on.ca

Documentation Required With Licence Application

It is the responsibility of the applicant to provide all of the required information

Applications will be reviewed only when ALL of the required documentation is received.

1. All applications:

- Completed National licence application form.
- Copy of current membership card in a club, which is affiliated to CASC-OR.
- □ A completed CASC-OR Medical form as follows:
 - All first time Licence applicants must submit a medical
 - National Licence applicants must have a medical:
 - i. every 5 years between ages 9 & 35
 - ii. every 2 years between ages 36 & 59
 - iii. every year over 60 years of age
 - iv. Medical History **Self-Declaration** Form to be completed and submitted on the years when a Physical Examination is not required (see above)

NOTE: Applicants should keep a copy of their completed medical form

- Copy of most recent or current competition licence.
- □ Proof of recent competition experience (e.g. **Copy** of drivers log card, event results or series results).
- □ Appropriate fee, made payable to CASC-OR by cheque, etransfer, bank draft or money order.
- A high resolution digital head shot photo in JPEG format, 2 inches wide (50 mm), less than 2MB in size to be emailed to admin@asncanada.com

2. New Race applicants must also attach the following:

- □ Copy of racing school certificate with Chief Instructor's endorsement (Schools are only those professional and club racing driver schools recognized by CASC-OR. Contact this office for further details)
- Proof of age (e.g. Copy of a Birth Certificate, Drivers Licence, Age of Majority Card or Passport)

3. Upgrade applications in the same year must also attach the following:

Current race competition licence (not a copy)

NOTE: CASC-OR must receive your current licence before the upgrade licence can be issued. If your application for an upgrade is not approved your current licence will be returned to you.

4. Applicants under the legal age of majority in the Province of residence must also attach the following:

□ Signed "Annual Parental Consent" (a copy of this document should be kept by the applicant and kept with the applicants licence to show, when requested, at registration for an event)

| Jame/Entrant· | | |
|---|--|--|
| Tarrio, Eritiariti | | Res. Phone: |
| Address: | | Cell Phone: |
| City: | | Bus. Phone: |
| Province: | | Postal Code: |
| mail: | | |
| Birth date: | | Male: Female: |
| Nationality (as per passpo | ort if not Canadian | or a Landed Immigrant): |
| Name of Affiliated Club of | which you are a m | member: |
| last held a competition lie | cence in: | (state year) |
| State nationality and expir | y date of any other | er competition licence you hold: |
| have read, understood a | nd will comply with information given l rawal of my licence | h the "Documentation Required with Licence Application", and further by me in this application may lead to disciplinary action and the |
| agree that I will do nothin | | generally and understand that, should I do so, disciplinary action may |
| | | |
| nct prejudicial to the interese taken against me. | drug considered i | illegal, or to consume alcohol, or to partake of any legal recreational taking part. |
| nct prejudicial to the intere se taken against me. undertake not to use any | drug considered i | taking part. |
| | imail: sirth date: lationality (as per passpool lame of Affiliated Club of last held a competition lie state nationality and expir 2 – Letters of Authorization ou require a letter of Perrories / Event: cation of Event: te of Event: 3 - Declaration agree that a competition have read, understood a | imail: lationality (as per passport if not Canadian lame of Affiliated Club of which you are a nationality and expiry date of any other late nationality and ex |

| Applicant's Self Declaration: to be completed by the Co | ompetitor | |
|--|---|----|
| Name: | Birth Date: | |
| Address: | Age: | |
| City: | | |
| Province: | - | |
| Postal Code: | - | |
| Applicant's Medical Self-Declaration: | _ Maio Formaio | |
| Conditions: | Yes No | |
| Frequent or severe headaches | | |
| Unconsciousness for any reason | | |
| Dizziness or fainting spells | | |
| Epilepsy or Seizures | | |
| Heart Trouble: | | |
| Coronary Artery Disease or Angina | | |
| Valve disease | | |
| Abnormal Cardiac Rhythms | | |
| High Blood Pressure | | |
| Psychiatric/Mental Health Problems | | |
| Operation(s) involving Eyes, Brain, Heart, Nerves, Blood Vessels | ls, or Bones | |
| Allergies | | |
| Eye trouble (except for glasses) | | |
| Asthma | | |
| Diabetes | | |
| Anemia, or other blood diseases including abnormal bleeding | | |
| Admission to a hospital in the past 12 months | | |
| Amputations and/or Physical disability | | |
| Previous denial(s) from CASC due to a medical reason(s) | | |
| Date of last Tetanus Shot. | | |
| List All Medications (include dosage and frequency take | · | |
| | | |
| | | |
| Applicant's Declaration: | | |
| I declare that the information regarding my present state correct. | te of health, given to the examining physician is | |
| 2. I agree to be re-examined as follows: | | |
| a. Upon the expiration of my current medical as required by Callering any significant illusors in increase in the capital incr | | |
| b. Following any significant illness, injury or hospitaliza3. I give permission to any hospital, institution, or physicia | | ۲. |
| Date: Signature | e: | |

| Examining Physicians' Information – to be completed by Physicia | ans | |
|---|--|-----------------|
| | Physician's Stamp | : |
| Physician's Name: | | |
| Address: | | |
| City/Prov/Postal: | | |
| Phone: | | |
| | | |
| Examining Physicians' Report: | | |
| Name of Applicant: | | |
| Is there any evidence of abnormality of the heart or cardiovascular system? (If yes, provide details below) | YES | NO |
| Note: At the age of 40, a baseline EKG should be performed. Further EKGs need to | ECG DATE: | |
| be performed only if the candidate is a smoker, has a cardiac history or strong family | y | |
| history of cardiac disease, history of diabetes, or has hypertension (systolic >140, dia | astolic > 90). | |
| 2. Is there any evidence of a physical or mental condition, past or present which co | ould, in YES | NO |
| your opinion, debar the applicant from holding a motor sport competition licence? (If provide details below). | yes, | |
| 3. Does the applicant have any physical abnormality or restriction of movement of and/or lower limbs? (If yes, please provide details below). | upper YES | NO |
| 4. Vision 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. | g YES | NO |
| b) Are corrective lenses (contact lenses or glasses) required for driving? | YES | NO |
| c) I have performed a vision test | YES | NO |
| 5. <u>Blood Pressure (If unusual, please provide details below.</u> SYSTOLIC | DIASTOLIC | |
| 6. Date of last Tetanus Shot: (MM/DD/YYYY) | | |
| DETAILS (continue on another page if necessary: | | |
| | | |
| | | |
| | | |
| | <u> </u> | |
| RECOMMENDATION OF EXAMINING PHYSICIAN: | | |
| The Applicant should have no established medical history or clinical diagnosis that may ears after this finding, to make them unable to perform the duties or exercise the privile Competition Licence. | ay reasonably be expected, vileges of a CASC-OR Natio | within 2 nal |
| On the basis of the above report, and mindful of the information provided to me, I make | ke the following recommenda | ation: |
| ☐ That the Applicant is physically and psychologically fit to drive a racing vehicle in | - | |
| ☐ The the Applicant is NOT physically and psychologically fit to drive a racing vehic | | - |
| Date: M: D: Y: Physician's Signature | | |

SECTION 3 - Licence(s) Applied For

- Licences are valid from date of issue to the end of the calendar year.
- Allow 15 working days for receipt of licence by regular post. If application is received less than 15 days prior to event, an additional fee of \$75.00 will be charged.
- If you require your licence returned by Courier include the fee below with your application.
- Competitors <u>upgrading</u> a <u>current Regional Race Licence</u> to an CASC National Licence, prior to July 1st, will be charged the full licence fee. If the application is made after July 1st the upgrade fee of \$125.00 will apply.
- If you are applying for an upgrade to a current CASC-OR Race Licence, the upgrade fee of \$125.00 will apply at any time.

| Licence Applied for: Renewal: | Upgrade: 🗌 | New Issue: |
|-------------------------------|------------|------------|
|-------------------------------|------------|------------|

| Category | Grade | Total Fee (Includes HST) | Amount |
|---|---|-----------------------------|--------|
| RACE | | | |
| National | | 230.00 | |
| Entrant National Private | | 130.00 | |
| Entrant National Commercial | | 230.00 | |
| OTHER | | | |
| Courier Fee | 40.00 in Canada; \$60.00 Outside of Canada | | |
| Letters of Permission/Visa | 100.00 | | |
| Upgrade Fee (see above & page 1 of this document) | 125.00 | | |
| Last Minute Requests (See above) | 75.00 | | |
| Date Licence is required by | | | |
| | Total Remittance: | | |
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Your remittance must be in the form of a Etransfer sent to office@casc.on.ca, Cheque, Bank Draft, or Money Order payable to CASC-OR.

There will be a fee of \$75.00, for returned payments, reprinting of lost licences, and last minute licence requests

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