



RACING LICENSE APPLICATION FORM 2018

(Please attach copy of ID Document & copy of both sides of Medical Aid card)

PSA Affiliate Association: **SAJSBA**

| | | |
|----|-----------------------------------|--|
| 1 | Full Name: | |
| 2 | ID Number: | |
| 3 | Home Tel: | |
| 4 | Work Tel: | |
| 5 | Cell Tel: | |
| 6 | Email: | |
| 7 | Postal address: | |
| 8 | Physical address: | |
| 9 | Province: | |
| 10 | Make of Powerboat, Watercraft etc | |

I _____ hereby confirm that I do not suffer from any physical or mental disabilities and have read the UIM / IJSBA rules and will abide by these rules. I have also paid the applicable licence fees due and wish to apply for a PSA season license to compete for the duration of 2016 calendar year.

Rider / Guardian signature

Date

| | |
|---|--------------------|
| For Official use: | |
| Following received: | |
| Photograph (TO BE TAKEN AT RACE ENTRY): | |
| Copy of ID Document attached: | |
| Completed Medical examination form: | |
| Copy of Medical aid card (both sides): | |
| National License Number: | |
| Approved by PSA Affiliates official: | |
| _____ Official's: Full Name | _____ Signature |
| _____ Date | |