



RACING LICENSE APPLICATION FORM 2019

(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