

# DON'T KNOW HOW TO APPLY **MAM RACING LICENSE?**

Register for the event and we will assist you to apply MAM Racing License.

## Follow the step :

- A** Register **Perlumbaan Gymkhana KBS** – we will provide you Club Membership Receipt. (*Click here for registration*)
- B** Fill up **Competition License Application Form** (*Form 1*), category Auto Gymkhana C
- C** Fill in your details in **Medical Examination Form** (*Form 2*).
- D** Visit the nearest clinic with both Form 1 & 2.
- E** Inform the doctor that this simple medical checkup is to verify if one is fit for racing.  
Snap pictures of your current **JPJ Driving License and IC**.
- F** Prepare **latest passport size photo**
- G** Transfer RM150 to MAM Bank Account and Save the Proof of Payment to MAM
- H**

Bank Details	: <b>PERSATUAN SUKAN BERMOTOR MALAYSIA</b>
Account Number	: <b>5623 5753 4201</b>
Swift Code	: <b>MBBEMYKL (MAYBANK MALAYSIA)</b>
- I** Prepare all document (A), (B), (C), (F), (G) & (H) and contact us
  - 1. 0123881846 (*Azwan*)
  - 2. 017-3027268 (*Aik Sha*)

# 2025 ANNUAL COMPETITION LICENSE APPLICATION



## YOUR DETAILS

Validity of License:  
1<sup>st</sup> January 2025 to  
31<sup>st</sup> December 2025

NAME: \_\_\_\_\_

NRIC / PASSPORT NUMBER: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL (MOBILE): \_\_\_\_\_ TEL (HOUSE/OFFICE): \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

1 Passport Size  
Photo

## LICENSE CATEGORY

CAR CATEGORY		NATIONAL			INTERNATIONAL		
CIRCUIT RACING		C – RM260	B – RM280	A – RM300	C – RM380	B – RM430	A – RM480
RALLY							
DRIFT							
AUTO GYMKHANA							
HILL CLIMB							
DRAG							

CATEGORY		NATIONAL			INTERNATIONAL		
KARTING		G – RM260	F – RM280	E – RM300	G – RM380	F – RM430	E – RM480

MOTORCYCLE CATEGORY		NATIONAL		INTERNATIONAL
ROAD RACING		B – RM280	A – RM300	Subject to FIM
MOTORCROSS				
ENDURO				
SUPERMOTO				
MOTOKHANA				
DRAG				

Price Included Insurance covered only in Malaysia  
RM50 will be charged for additional national license same categories

**OTHERS**

Duplicate License: \_\_\_\_\_

## 1. Particulars of Current JPJ Driving License

License Number: \_\_\_\_\_ Expiry: \_\_\_\_\_

Classes : \_\_\_\_\_

2. Previous Competition License: Yes ☐ No ☐

License Number: \_\_\_\_\_ Year of Issue : \_\_\_\_\_

Type : \_\_\_\_\_ Authority : \_\_\_\_\_

## 3. Particulars of Affiliated Club Membership:

Club: \_\_\_\_\_ Membership Number: \_\_\_\_\_

4. Examination Test: Pass ☐ Fail ☐

APPLICANT OTHER DOCUMENTS (ATTACHED)	TICK
Medical Form	
Current JPJ License	
Identification Card/Passport	
Proof of Payment	
Recent passport size photo	
MAM affiliated club membership receipt	

MAM BANK ACCOUNT	
Bank Detail	PERSATUAN SUKAN BERMOTOR MALAYSIA
Account Number	5623 5753 4201
Swift Code	MBBEMYKL (MAYBANK MALAYSIA)

License will be made available after seven (7) working days from the receipt of payment.

## DECLARATION, APPLICANT SIGNATURE AND PARENT/LEGAL GUARDIAN CONTERSIGNATURE

I hereby apply for a Novice (C), National (A) / (B), International (A) / (B) / (C) competition License for Rider or Driver and declare that I am eligible to hold such a License. I understand that disciplinary action will be taken against me if any information provided herewith are false or inaccurate.

In consideration of the Motorsports Association of Malaysia (MAM) granting Competition License I undertake: -

- 1) To be bound by the National Competition Rules of the MAM and the International Sporting Code of the FIM, FIA, CIK-FIA (whichever is applicable) and any amendments, appendices or additional thereto.
- 2) To pay as liquidated damages for any breach of the National Competition Rules of MAM any sum awarded against me within the maxima set out in the National Competition Rules and Appendices.
- 3) To save harmless the Motorsports Association of Malaysia (MAM) and their respective officials, servants, representative and against any actions, claims, costs, expenses and demands in respect of death, injury, loss of or damage to the persons or property of myself, my driver(s) or mechanic(s) as the case may be, arising out of or in connection with any entry or my taking part in any meeting and notwithstanding that the same may have been contributed to occasioned by the negligence of the said bodies, their officials, servants, representatives or agents.
- 4) To inform MAM at any time of the period of license, should I meet with an accident or any injury or any illness that requires hospitalization. I also give full permission for my medical records to be revealed to MAM and their officers.
- 5) I have undergone and passed the medical examination required and Apt for the practice of motorsports, according to the FIA medical standard and I hereby indemnify MAM and hold MAM harmless from any and all claims, demands, losses, cause of action, damages, lawsuits and any other costs arising and relating from any act of mine during the validity of this license.
- 6) I agree to be tested for drugs and alcohol and to be bound by the results of the test done by any laboratory in Malaysia and any method chosen by MAM and accept any sanction imposed.
- 7) I agree not to organize or participate in any event, which are not sanctioned by the MAM. I will only participate in events, which are sanctioned by MAM or with prior permission from MAM.
- 8) I agree to abide by all rules, regulations and codes imposed by MAM from time to time.

Signature:

Date:

## **PARENT CONSENT**

Consent Statement for applicants under 18 years old:

I, (print full name):

Of (print address)

Am the parent/guardian of the above-named ("the minor") who is under 18 years old. I have read this document and understand its contents, including the exclusion of liability and assumption of risk, and have explained the contents to the minor. I consent to the minor attending/ participating in the event at his/her own risk.

Parent Signature:

Date:

## MEDICAL EXAMINATION FORM FOR COMPETITION LICENSE

### IMPORTANT NOTES:

1. The examination should be performed by a doctor familiar with the applicant's medical history or the by the applicant's regular doctor.
2. In the event of serious injury or illness following the issue of this medical certificate, a further examination and medical certificate (re-certification) are required.
3. The examining doctor must be aware that the person to be examined is applying for a license to participate in motorsport events.

Full Name:

Address:

Nationality:  NRIC / Passport No:

Date of Birth:  Age:  Sex:

Tel No:

Emergency Contact Name:  Emergency Tel No:

## TO BE COMPLETED BY EXAMINING DOCTOR

(For any abnormal findings please do give in written, the findings in the column provided below each systemic examination)

1. **Medical History (any known medical illness or conditions)**  
If yes, provide further information (e.g., condition(s), current status, medications, dates of diagnoses, treatments, outcomes): YES / NO
2. **Surgical History**  
Have you undergone any surgeries?  
If yes, provide further information (including dates, types of surgeries, complications): YES / NO
3. **Mental Health**  
Any evidence of a mental health condition, past or present?  
If yes, provide further information: YES / NO
4. **Medications and Allergies**  
List all current medications (including prescription and over-the-counter drugs) with dosages and frequencies:  
Do you have any allergies to medications, food, or environmental factors?  
If yes, list: YES / NO

# MEDICAL FORM 2025

## 5. General

Blood Pressure:

Pulse Rate:

Rhythm:

Height:

Weight:

**Blood Group (COMPULSORY TO FILL IN)**

## 6. Cardiovascular System

Auscultation: \_\_\_\_\_

Murmurs: YES

☐

NO

☐

➔ **ECG:** Required for applicants 40 years and above; validity for 2 years.

➔ **FULL STRESS ECG:** Required for applicants 45 years and above; validity for 2 years or if significant risk factors/history of cardiac disease.

**Remarks / Any abnormal findings:**

## 7. Respiratory System

Respiratory Rate: \_\_\_\_\_

Lung Sounds: \_\_\_\_\_

Pulmonary Function Tests (if indicated):

**Remarks / Any abnormal findings:**

## 8. Gastrointestinal System

Examination of Abdomen: \_\_\_\_\_

Hernia Check: \_\_\_\_\_

Liver and Spleen:

**Remarks / Any abnormal findings:**

## 9. Genitourinary System

Urine – Albumin/Protein:

Glucose:

Blood:

Urine – Drug Test (Required for International Licence Application):

**Remarks / Any abnormal findings:**

# MEDICAL FORM 2025

## 10. Spine and musculoskeletal:

Upper Limbs: (Range of motion, strength, any signs of injury or impairment)

Lower Limbs: (Range of motion, strength, any signs of injury or impairment)

Spine: (Range of motion, any signs of injury or impairment)

Remarks / Any abnormal findings:

## 11. Neurological System (Including Reflexes):

Mental Status: \_\_\_\_\_

Cranial Nerves: \_\_\_\_\_

Motor Function: \_\_\_\_\_

Sensory Function: \_\_\_\_\_

Reflexes: \_\_\_\_\_

Coordination and Balance: \_\_\_\_\_

Remarks / Any abnormal findings:

## 12. Visual Examination:

Glasses: YES / NO

Contact Lenses: YES / NO

### Visual Acuity

Distance Vision	Uncorrected	Corrected
Right Eye		
Left Eye		

Near Vision	Uncorrected	Corrected
Right Eye		
Left Eye		

### Colour Vision:

(As tested with Ishihara's chart)

### Field of Vision:

(With both eyes open together)

Laterally: ..... degrees

Vertically: ..... degrees

Remarks / Any abnormal findings:

13. Hearing: Left      Normal / Abnormal  
                  Right     Normal / Abnormal

# MEDICAL FORM 2025

## 14. Any Additional information / Observations / Recommendations:

### Certification

I hereby certify that the above-named applicant has been examined by me today and found to be:

<b>FIT TO RACE</b>	
<b>UNFIT TO RACE</b>	
<b>REFER TO MEDICAL CHAIRMAN/MEDICAL COMMISSION FOR FURTHER EVALUATION</b>	

(Please tick)

### DOCTOR INFORMATION

Are you the regular medical attendant of the applicant?

YES

☐

NO

☐

Name of Clinic

Address

Tel

Doctor's Name

Doctor's Signature

Date

Official STAMP

Any fee charged for the completion of this examination or associated with it is the responsibility of the applicant. The applicant is requested to forward the completed form immediately to:

**2<sup>nd</sup> Floor Nizra Building, 8 Jalan Seri Penchala,  
Kampung Sungai Penchala, 60000 Kuala Lumpur.  
Motorsports Association of Malaysia**