

**AAP Competition License Application Form (Manual)****INSTRUCTIONS: PLEASE READ BEFORE ACCOMPLISHING THIS FORM.**

The AAP Motorsport Competition License ("**License**") is for participants based and competing in the Philippines, or representing the country in races abroad, that are availing **Competition Licenses** to participate in the following disciplines: Autocross, Karting, Circuit Racing, Drag Racing, Gymkhana, Rallycross, Slalom, Off-Road/4x4 Racing, Hillclimb, Digital Motorsport. One (1) License per person per discipline will be issued. One person can hold Licenses for multiple disciplines. The License is valid for the calendar year it is issued in. Please contact your race organizer for the license grade required to participate in your chosen category. Please contact the AAP Motor Sport Department for further procedures on applying a Competition License for **Clubman-grade licenses**.

The requirements for the License are as follows:

- **Completely filled Application Form** (You are filling up this Form)
- **Medical Checklist** (to be filled up by AAP Medical Officer)
- **AAP Regular Membership**
- Clear **soft copy picture of the applicant** (ID picture)
- **If Applicant is 17 years old and below**, a filled up **Parental Consent Form** (format here: <http://bit.ly/2MAhXHn>)
- **If Applicant is 45 years old and above**, **Medical Certificate** from AAP Medical Officer or any licensed physician certifying applicant is fit to participate in motorsport event (sample format here: <http://bit.ly/3pXJJfc>), and/or stress test as determined by AAP Medical Officer
- **Proof of Payment** for License (screen shot of transfer or scan copy of deposit slip or Official Receipt)
- **Other requirements as and when required** (consult your motorsports club or race organizer)

Filling up this form is quick and easy. It will help a lot if you have already prepared the necessary soft copy attachments prior to filling up the Application.

Fees for **National and International Competition Licenses** (Resident) are Php 5,500 and Php 9,000, respectively. For International Competition License (Non-Resident), fee is Php 27,000. It can be deposited in the following bank accounts:

Account name: Automobile Association of the Philippines (AAP) Inc.
BPI account: 0401 0050 05
BDO account: 1550059295
East West account: 200010537516

License processing is every Wednesday 2-4pm at our office at 10F AAP Tower, 683 Aurora Blvd., Brgy. Mariana, Quezon City. Please fill up this form completely and truthfully. You may bring a filled hard copy with you when you come to our office, or send a soft copy with all attachments to aapmotorsports@yahoo.com. The filled soft copy can be in .doc format or a hand-filled scanned copy in .jpg, .png or .pdf format. Should there be any questions, please do let us know via email. Thank you.

Conforme:

I have read and understood the instructions above, and have filled up the form by myself, and attest the facts I have written and answered as true. I further attest that I do not partake of substances prohibited under FIA Anti-Doping Regulations and other related promulgations of World Anti-Doping Agency (WADA), International Olympic Committee (IOC) and other relevant agencies and organizations. I understand that if I have filled up false and misleading information in this application, that my Competition License can be revoked by AAP at any time at its sole discretion.

Printed name and signature

Date



Type of Application: New Renewal

Grade: Clubman National International Entrant

Rating (if applicable): _____

Discipline: Circuit Racing Digital Motorsport Drag Racing Hillclimb
 Karting Motorkhana Off-Road/4x4 Rally/Rallycross

Previous License No.: _____ Email Address: _____

Prev. License Grade and Rating: _____ Contact Number: _____

Personal Information

First Name: _____

Middle Name: _____

Last Name: _____

Assumed Name: (nickname or alias) _____ Blood Type: _____

Gender: Male Female Date of Birth: _____

Place of Birth/Hometown: _____

Residential Address

Floor, House No., Street, Subd., Brgy: _____

City or Municipality _____ Province: _____

Emergency Contact

Name: _____ Contact number: _____

Address: _____ Relationship: _____

Motorsport Experience

We would like to know what disciplines of motorsport you have competed in, and if you have had any notable achievements so far.



Medical Checklist (To be Filled up by AAP Medical Officer)

Age: _____ Blood Type: A+ B+

Height: (cm) _____ A- B-

Weight: (kg) _____ AB+ O+

AB- O-

List of Medications Taken Regularly: _____

Do you use the following medical devices?

	Yes	No		Yes	No
Prescription Eyewear or Contact Lenses	<input type="radio"/>	<input type="radio"/>	Supplementary Oxygen and/or other breathing apparatus	<input type="radio"/>	<input type="radio"/>
Hearing Aid	<input type="radio"/>	<input type="radio"/>	Artificial Limbs and other prosthetics	<input type="radio"/>	<input type="radio"/>
Pacemaker	<input type="radio"/>	<input type="radio"/>	Walking cane, wheelchair and/or other mobility assist devices	<input type="radio"/>	<input type="radio"/>
Others					

Do you have the following pre-existing health conditions?

	Yes	No		Yes	No
Hypertension or any condition causing high or low blood pressure	<input type="radio"/>	<input type="radio"/>	Asthma, COPD or other chronic respiratory illness	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	Major Surgery within the last 2 years	<input type="radio"/>	<input type="radio"/>
Alcohol and Drug Abuse	<input type="radio"/>	<input type="radio"/>	Physical Disability, Amputation, and other conditions affecting mobility	<input type="radio"/>	<input type="radio"/>
Morbid Obesity	<input type="radio"/>	<input type="radio"/>	Implants and other major cosmetic procedures	<input type="radio"/>	<input type="radio"/>
Color blindness	<input type="radio"/>	<input type="radio"/>	Epilepsy and other neurological disorders related illnesses causing seizures, fits, blackouts, etc.	<input type="radio"/>	<input type="radio"/>
Partial or Legal Blindness in any eye	<input type="radio"/>	<input type="radio"/>	Attention Deficit Hyperactivity Disorder (ADHD) and other related psychological disorder	<input type="radio"/>	<input type="radio"/>
Arrhythmia, Angina, Heart Attack and other heart condition	<input type="radio"/>	<input type="radio"/>			
Others					

Other Health Concerns

Please write below if there are other special health concerns you may have that we should know about



DRIVER'S PHYSICAL AND MEDICAL EXAMINATION

(To be Filled up by AAP Medical Officer)

This is to certify that I have personally examined the applicant and the following are my findings.

VISUAL ACUITY

Right Eye _____ Left Eye _____

HEARING

Right Ear _____ Left Ear _____

Comments and Restrictions:

Signature of Ophthalmologist

Date _____
Printed Name _____
Address _____
Lic. No. _____ Date Issued _____
Place of Issue _____

GENERAL PHYSIQUE

Heart Condition _____

Blood Pressure _____

Comments and Restrictions:

Signature of Physician

Date _____
Printed Name _____
Address _____
Lic. No. _____ Date Issued _____
Place of Issue _____