



# FEDERAZIONE MOTOCICLISTICA ITALIANA

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## RICHIESTA LICENZA INTERNAZIONALE ANNO 2021

SPECIALITÀ .....

|             |                   |               |
|-------------|-------------------|---------------|
|             |                   |               |
| <b>MOTO</b> | <b>CILINDRATA</b> | <b>CLASSE</b> |

Cognome e Nome

Data di Nascita

N. Lic. Agonistica

N. Telefonico Fisso

Cellulare

E-mail

N. Moto Club

Denominazione del Moto Club

### Riferimento in caso di infortunio

*Important note:*

*Please specify the person to be contacted in case of emergency (legal representative for minors) and her / his phone number with the international prefix.*

|                         |                    |
|-------------------------|--------------------|
| <b>Cognome:</b> .....   | <b>Nome:</b> ..... |
| <b>Cellulare:</b> ..... |                    |

Richiesta Pilota :

Licenza Annuale

Manifestazione Singola

Più Singole Manifestazioni

Richiesta Team :

Licenza Annuale

Manifestazione Singola

Più Singole Manifestazioni

Richiesta Assistente Trial :

Licenza Annuale

Manifestazione Singola

### Gare Internazionali a cui si intende partecipare (1):

| DENOMINAZIONE | LUOGO | DATA | N. EMN / IMN | IMPORTO |
|---------------|-------|------|--------------|---------|
|               |       |      |              |         |
|               |       |      |              |         |
|               |       |      |              |         |

### Curriculum Sportivo (2): .....

(1-2) - Elementi necessari al S.T.S. per valutare l'eventuale rilascio della Licenza Internazionale e dei relativi nulla-osta.

|   |  |
|---|--|
| <p>IL SOTTOSCRITTO DICHIARA DI CONOSCERE ED ACCETTARE LE NORME ED I REGOLAMENTI DELLA FMI, IN PARTICOLARE LO STATUTO, IL REGOLAMENTO ORGANICO FEDERALE, ED IL CODICE MONDIALE ANTIDOPING.</p> <p>.....</p> <p>FIRMA AUTOGRAFA LEGGIBILE DEL CONDUTTORE<br/>(IN CASO DI MINORE FIRMA DEL GENITORE)</p> | <p>IL SOTTOSCRITTO NELLA SUA QUALITA' DI PRESIDENTE DELLA SOCIETA' DI CUI ALLA PRESENTE RICHIESTA DICHIARA CHE IL SUDETTO TESSERATO HA SOTTOSCRITTO PERSONALMENTE LA DOMANDA.</p> <p>.....</p> <p>FIRMA AUTOGRAFA LEGGIBILE DEL PRESIDENTE</p> |
|---|--|

.....  
Luogo e Data

**All.:** Fotocopia Licenza FMI, documento di identità, Certificato ALPHA.

Il Concorrente .....  
iscritto ad un Campionato, ad un Prix FIM o ad una manifestazione internazionale, ai sensi del regolamento sportivo FIM e FIM Europe, si impegna ad esonerare la FIM, la FIM Europe, la FMNR, gli Organizzatori e gli Ufficiali di gara, nonché i loro rappresentanti e dipendenti, da qualsiasi responsabilità per eventuali lesioni fisiche o danni materiali, in cui potrebbe incorrere durante lo svolgimento di un Campionato, Prix FIM, una manifestazione internazionale o un allenamento in vista di tali manifestazioni.

Il Concorrente si impegna altresì a sollevare la FIM, la FIM Europe, la FMNR, gli Organizzatori e gli Ufficiali di gara, nonché i loro rappresentanti e dipendenti, da qualsiasi responsabilità verso terzi per eventuali perdite, danni o lesioni di cui sia responsabile congiuntamente ed individualmente.

Il Concorrente dichiara di essere a conoscenza che le delibere definitive emesse dagli organi giurisdizionali o dall'Assemblea Generale della FIM non possono essere appellate davanti i tribunali ordinari, e che tali delibere devono essere sottoposte esclusivamente al giudizio del Tribunale Arbitrale dello Sport, che procederà alla risoluzione definitiva della vertenza ai sensi del Codice di Arbitrato Sportivo.

Firma del pilota o del suo rappresentante legale

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**MEDICAL HISTORY FORM**

(to be completed by applicant)

Personal Data:

|          |             |               |      |
|----------|-------------|---------------|------|
| Name:    | First name: | Date of birth |      |
| Address: |             |               |      |
| Sex      | male        | female        | FMN: |

| No | Yes | Details |
|----|-----|---------|
|----|-----|---------|

|                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Loss of consciousness for any reason dizziness or headache         | <input type="checkbox"/> |
| <input type="checkbox"/> | Eye problems (except glasses)                                      | <input type="checkbox"/> |
| <input type="checkbox"/> | Asthma   | <input type="checkbox"/> |
| <input type="checkbox"/> | Allergy to medicines or drugs                                      | <input type="checkbox"/> |
| <input type="checkbox"/> | Diabetes   | <input type="checkbox"/> |
| <input type="checkbox"/> | Heart problems   | <input type="checkbox"/> |
| <input type="checkbox"/> | Blood pressure disorder  | <input type="checkbox"/> |
| <input type="checkbox"/> | Stomach problems (ulcer, etc)                                      | <input type="checkbox"/> |
| <input type="checkbox"/> | Uro-genital problems   | <input type="checkbox"/> |
| <input type="checkbox"/> | Epilepsy or convulsions  | <input type="checkbox"/> |
| <input type="checkbox"/> | Mental or nervous disorder   | <input type="checkbox"/> |
| <input type="checkbox"/> | Problems with arms or legs<br>incl.muscle cramp or joint stiffness | <input type="checkbox"/> |
| <input type="checkbox"/> | Blood disorder with tendency to bleeding                           | <input type="checkbox"/> |
|                          | Blood group  | <input type="text"/>     |
| <input type="checkbox"/> | Operations   | <input type="checkbox"/> |
| <input type="checkbox"/> | Do you take any medicine or drugs regularly?                       | <input type="checkbox"/> |

**If you take any medicine or drugs regularly, please list below the medicine or drugs:**

- a. I have not been banned, on medical grounds, from taking part in any other sport.
- b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- c. I declare that the information that I have given is the truth.
- d. I agree to the information on the Medical Examination Form being sent to the doctor of my FMN.

\_\_\_\_\_  
Date Signature of applicant (or responsible Parent or Guardian if a minor)



**MEDICAL EXAMINATION FORM**

To be completed by doctor with reference to the FIM Medical Code, Art. 10.1.1. Guidelines for the examining doctor

Personal Data:

|          |      |             |      |                |
|----------|------|-------------|------|----------------|
| Name:    |      | First name: |      | Date of birth: |
| Address: |      |             |      |                |
| Sex:     | male | female      | FMN: |                |
| Normal   |      |             |      | Abnormal       |

| Normal                   | Details (if abnormal)   |                    |       | Abnormal |
|--------------------------|---|--------------------|-------|----------|
| <input type="checkbox"/> | <b>Cardiovascular system</b>  |                    |       |          |
| <input type="checkbox"/> | <b>Exercise tolerance ECG</b>   |                    |       |          |
| <input type="checkbox"/> | <b>Echocardiography</b>   |                    |       |          |
| <input type="checkbox"/> | <b>Blood pressure</b>   |                    |       |          |
| <input type="checkbox"/> | <b>Pulse</b>  |                    |       |          |
| <input type="checkbox"/> | <b>Respiratory system</b>   |                    |       |          |
| <input type="checkbox"/> | <b>Cerebral system</b>  | central            |       |          |
| <input type="checkbox"/> |   | peripheral         |       |          |
| <input type="checkbox"/> | <b>Ear, nose and throat, in particular vestibulo-cochlear apparatus</b> | right              |       |          |
| <input type="checkbox"/> |   | left               |       |          |
| <input type="checkbox"/> | <b>Locomotor system</b>   | arm                | right |          |
|                          |   |                    | left  |          |
| <input type="checkbox"/> |   | leg                | right |          |
|                          |   |                    | left  |          |
| <input type="checkbox"/> |   | spine              |       |          |
| <input type="checkbox"/> | <b>Abdomen (hernia)</b>   |                    |       |          |
| <input type="checkbox"/> | <b>Biochemistry</b>   | Albumen            |       |          |
| <input type="checkbox"/> |   | Glucose            |       |          |
| <input type="checkbox"/> | <b>Eyes:</b>  | Distant vision     |       |          |
| <input type="checkbox"/> |   | without correction | right |          |
| <input type="checkbox"/> |   |                    | left  |          |
| <input type="checkbox"/> |   | with correction    | right |          |
| <input type="checkbox"/> |   |                    | left  |          |
| <input type="checkbox"/> |   | color vision       |       |          |
| <input type="checkbox"/> |   | visual field       |       |          |

In addition to the medical examination, an applicant for any licence in FIM cross-country rallies must undergo and pass successfully an echocardiogram once in his lifetime prior to the issuing of the licence. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

An exercise tolerance electrocardiogram is required for riders aged 40 years and over. It is also required in any case of known significant risk factors for or history of cardiac disease.

In accordance with FIM Medical Code a licence will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness during a period of 5 (five) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, the applicant may be granted a licence.

- I, the undersigned, certify that I am this person/riders medical practitioner and familiar with his/her medical history.
- I, the undersigned, certify that I know and am familiar with the WADA list of prohibited substances and prohibited methods
- I, the undersigned, certify that I have not prescribed any prohibited substances and/or prohibited methods to this person
- I, the undersigned, certify that I have prescribed prohibited substance(s) and/or prohibited method(s) to this person, providing that a TUE was agreed by the FIM and/or that no alternative treatment with authorised substance(s) was possible
- I, the undersigned, know of no medical reasons why this person cannot operate a motorcycle**
- I, the undersigned, certify that this person is medically fit to take part in motorcycle events
- I recommend that this person be examined by a member of the medical commission of his/her FMN or doctor appointed by the FMN and of the FIM, if necessary.



### APPENDIX 3 - Rider Consent Form

As a member of a National Federation or the FIM and/or a participant in an event authorized or recognized by the FIM, I hereby declare as follows:

1. I acknowledge that I am bound by, and confirm that I shall comply with, all of the provisions of the FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Code (the "Code") and the International Standards issued by the World Anti-Doping Agency ("WADA"), as amended from time to time, and published on WADA's website.
2. I acknowledge the authority of the FIM and its member National Federations and/or National Anti-Doping Organizations under the FIM Anti-Doping Rules to enforce, to manage results under, and to impose sanctions in accordance with the FIM Anti-Doping Rules.
3. I acknowledge and agree that any dispute arising out of a decision made pursuant to the FIM Anti-Doping Rules, after exhaustion of the process expressly provided for in the FIM Anti-Doping Rules, may be appealed exclusively as provided in Article 13 of the FIM Anti-Doping Rules to an appellate body, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
4. I acknowledge and agree that the decisions of the appellate body referenced above shall be final and enforceable, and that I will not bring any claim, arbitration, lawsuit or litigation in any other court or tribunal.
5. I understand that:
  - a. my data, such as my name, contact information, birthdate, gender, sport nationality, voluntary medical information, and information derived from my testing sample will be collected and used by the FIM and its member National Federations and/or National Anti-Doping Organizations and WADA for anti-doping purposes;
  - b. WADA-accredited laboratories will use the anti-doping administration and management system ("ADAMS") to process my laboratory test results for the sole purpose of anti-doping, but shall only have access to de-identified, key-coded data that will not disclose my identity;
  - c. I may have certain rights in relation to my *Doping Control*-related data under applicable laws and under WADA's International Standard for the Protection of Privacy and Personal Information (ISPPPI), including rights to access, rectification, restriction, opposition and deletion, and remedies with respect to any unlawful processing of my data, and I may also have a right to lodge a complaint with a national regulator responsible for data protection in my country;



- d. if I object to the processing of my *Doping Control*-related data or withdraw my consent, it still may be necessary for the FIM and its member National Federations and/or National Anti-Doping Organizations and/or WADA to continue to process (including retain) certain parts of my *Doping Control*-related data to fulfill obligations and responsibilities arising under the Code, International Standards or national anti-doping laws notwithstanding my request; including for the purpose of investigations or proceedings related to a possible anti-doping rule violations; or to establish, exercise or defend against legal claims involving me, WADA and/or an Anti-Doping Organization.
  - e. preventing the processing, including disclosure, of my *Doping Control*-related data may prevent me, WADA or Anti-Doping Organizations from complying with the Code and relevant WADA International Standards, which could have consequences for me, such as an anti-doping rule violation, under the Code;
  - f. to the extent that I have any concerns about the processing of my *Doping Control*-related data I may consult with the FIM and/or WADA ([privacy@wada-ama.org](mailto:privacy@wada-ama.org)), as appropriate.
6. I understand and agree to the possible creation of my profile in ADAMS, which is hosted by WADA on servers based in Canada, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry of my *Doping Control*, whereabouts, *Therapeutic Use Exemptions*, *Athlete Biological Passport*, and sanction-related data in such systems for the purposes of anti-doping and as described above. I understand that if I am found to have committed an anti-doping rule violation and receive a sanction as a result, that the respective sanctions, my name, sport, *Prohibited Substance or Method*, and/or tribunal decision, may be publically disclosed by the FIM and its member National Federations and/or National Anti-Doping Organizations in accordance with the Code. I understand that my information will be retained for the duration as indicated in the ISPPPI.
  7. I understand and agree that my information may be shared with competent Anti-Doping Organizations and public authorities as required for anti-doping purposes. I understand and agree that persons or parties receiving my information may be located outside the country where I reside, including in Switzerland and Canada, and that in some other countries data protection and privacy laws may not be equivalent to those in my own country.



I understand that these entities may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities. I can obtain more information on national anti-doping laws from my International Federation or National Anti-Doping Agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Last Name, First Name)

\_\_\_\_\_  
Date of Birth  
(Day/Month/Year)

\_\_\_\_\_  
Signature (or, if a minor, signature of  
legal guardian)