



# 2020 OFFICIAL'S LICENCE FORM

OVAL RACING COUNCIL INTERNATIONAL - BRITISH OVAL RACING SAFETY EXECUTIVE

PERSONS WISHING TO BE CONSIDERED AS A LICENCED OFFICIAL ON AN OVAL RACING COUNCIL CIRCUIT (ORCi) MUST COMPLETE THE FORM BELOW.

**ATTACH PHOTO IF REQUIRED**

Please complete this form and return to the correspondence address.  
If required by your licencing promotion you must attach TWO passport size photographs.  
Receipt of this form does not imply automatic issue of a licence. Your promotion reserves the right to determine who shall act on their behalf as a licensed official.

To cover the calendar year ending on 31 December 2020 - Please complete in **BLOCK CAPITALS**.

## YOUR DETAILS

FULL NAME..... DATE OF BIRTH.....

ADDRESS.....

POSTCODE..... OCCUPATION.....

TEL NO. (Home)..... (Work)..... FAX NO.....

MOBILE..... E-MAIL ADDRESS.....

**TYPE OF OFFICIAL**  **STEWARD**  **STARTER**  **MARSHAL**  **CLERK OF THE COURSE**  
please tick all those that apply to you  **LAP SCORER**  **PIT MARSHAL**  **PIT OFFICE**  **RECOVERY DRIVER**  
 **COMMENTATOR**  **ADMIN**  **SCRUTINEER**

**IF YOU ARE NOT REGISTERING WITH A SPECIFIC PROMOTION, PLEASE DETAIL WHICH FORMULA YOU WORK FOR**

**EXPERIENCE AS AN OFFICIAL** (NEW OFFICIALS ONLY).....

## DECLARATION

I the undersigned, know of no reason why a licence should not be issued to me. I undertake, if licensed, to submit to and be bound by the rules and regulations laid down by the ORCi.

I shall familiarise myself with the rulebook(s), in particular the duties appropriate to my position.

Medical: I do not suffer from epilepsy or sudden attacks of disabling giddiness, nor am I suffering from any disability or disease that might make my actions a source of danger to others. I have full use of both hands and feet. My vision is good and I am not colour blind.

**SIGNED** ..... **DATE** .....

All officials should note that insurance cover is provided for all meetings. However, you are advised to carefully review your own situation and consider whether you require additional personal insurance.