



# Race Licence Application

## Dear A.R.M.S. Licence Applicant:

This is your A.R.M.S. licence application form and Medical Report form.

- ✓ Please note the additional form for the ambulance attendants, which must also be filled out.
- ✓ If the applicant is under the Legal Age of Majority, a consent and Release by Parent or Guardian form must accompany your completed licence application.

Applications for all licence's **MUST** include the following:

1. Completed application form and waiver - **Signed, Dated and Witnessed**;
2. The full fees as shown on the application form (payable to A.R.M.S.)
3. A photocopy of your current years' A.R.M.S. Affiliated club membership card.

### **For RENEWAL of last year's licence:**

4. Race licence requires a completed A.R.M.S. Medical Report form.  
(Every year for age 60 or older, every second year between 36-59; and every 5 years 35 and under).  
National License holders attach a copy of medical to ARMS. Rally licenses are administered through C.A.R.S.
  5. A photocopy of your last years' Race Licence.
  6. A copy of your Driver's Log Card for the previous year showing an A.R.M.S. steward's signature for at least one A.R.M.S. Event; OR, approval of the A.R.M.S. Race Directorate.
- Note:** National Licence Holders must fill in all forms. National # must be included.
7. A photo of the applicant in jpeg format emailed to, or arrangements to have your photo done, by the registrar.
  8. **Sign the yearly waiver to have it on your licence card**

Applications improperly filled out, or lacking complete documentation, will result in the application being returned to you for correction resulting in delays to your license being processed. Avoid this delay by double checking your application and documentation before they are sent. Be sure you sign the waiver and application forms and have your signature witnessed. Obtain approval of the A.R.M.S. Race Directorate, if necessary.

Your application and **ALL** documentation should be sent, at least 14 days before you intend to use your license to:

Email [registrar@armsinc.ca](mailto:registrar@armsinc.ca)

James Partridge  
426 Town Road  
RR# 2 Falmouth, Nova Scotia  
B0P 1L0

Phone: (902) 798 4712



# Race Licence Application

**A separate application is required for each licence requested.**

**Complete the following information in FULL.**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthday: \_\_\_\_\_  
(YYYY / MM / DD)

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Driver's Licence Master No.: \_\_\_\_\_ Expiry: \_\_\_\_\_ Issuing Province: \_\_\_\_\_

A.R.M.S. Club Affiliation: \_\_\_\_\_ Club Membership Number: \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Displacement \_\_\_\_\_ # of Cylinders \_\_\_\_\_ Class \_\_\_\_\_

I am applying for: \_\_\_\_\_ first Issue \_\_\_\_\_ Renewal of previous licence (Check ONE)

If renewal or upgrade; Previous licence was: \_\_\_\_\_ Regional: \_\_\_\_\_ National, Licence # \_\_\_\_\_ Year: \_\_\_\_\_

**Regional Race Licence Total \$120.00** Payable to A.R.M.S  
 Regional Race licence fee of \$80.00 also includes the following: Car # registration \$10.00. Annual AMP gate fee \$10.00  
 AMP Member Capital Cost Account \$20.00 for track improvement

## Declaration and Waiver

I, the undersigned, hereby apply to the Atlantic Region Motor Sports Inc. (A.R.M.S.) for a motorsport competition license. I undertake to submit to and be bound by the International Sporting Code of the F.I.S.A. And the General Competition Rules of A.R.M.S. I certify that the information given above is correct.

In consideration of my being granted a competition license, I acknowledge and accept (a) that my competition license permits me to participate as a competitor only in the type of event for which I am so licensed. (b) That certain risks are inherent in such events and that by participating in such events I voluntarily run the risk of injury or loss of life. (c) That it is a condition of my being so licensed I assume all such risks myself. I for myself, my heirs, executors, and administrators hereby remise, release and forever discharge Atlantic Region Motor Sports Inc., its member clubs and regions, the owners, sponsors, and drivers of other cars participating with me in any such event, the owners and occupiers of the premises on which any such event is run and all those having anything to do with the management or control of such premises or of the competing cars and service vehicles or of the event itself, their servants and agents of and from any and all actions, causes of actions, claims and demands whatsoever for any loss or injury suffered by me in any way arising out of or resulting from my participating in any such event, test, or practice therefor or from my being on such premises for or in connection with any event in which it is intended that I or my car participate, whether or not such loss or injury results wholly or partly from negligence on the part of any of the persons hereby released.

**IN WITNESS WHEREOF** I have set my hand at \_\_\_\_\_ (City/Town) in the

Province of \_\_\_\_\_, this \_\_\_\_\_ (Day) of \_\_\_\_\_ (Month).

\_\_\_\_\_  
APPLICANT'S Signature // \_\_\_\_\_ // \_\_\_\_\_  
WITNESS' Signature WITNESS' Printed Name

Witness Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If the applicant is under the legal Age of Majority, a Consent and Release by Parent or Guardian form must accompany this license application form. (Available from A.R.M.S. License - Registrar)

### ***This area for A.R.M.S. use only:***

Date Received \_\_\_\_\_ Last years' Event Log Card \_\_\_\_\_ Club Membership \_\_\_\_\_ Medical Date \_\_\_\_\_ Date Sent to Applicant \_\_\_\_\_  
MRT Form \_\_\_\_\_