

## 2025 FIM International Licence Application Guidelines

The following pages contain an application form for a FIM International Licence for 2025.

The following forms are to be submitted to Motorcycling New Zealand at least **three weeks** prior to departure before a licence can be issued.

### **Please ensure you hold a current MNZ Championship Licence if you are applying for a FIM Licence.**

- Application form must be completed clearly and in full (pages 2-4 and pages 7-9)
- Payment of licence fee by direct credit or credit card
- Medical Examination Form - must be completed by a medical practitioner. *It is recommended that you attend your regular doctor for the medical examination.*
- Complete the International-Level Athletes Education Program module.
- Anti-Doping Declaration must be completed & signed (Appendix 3)
- Complete FIM Therapeutic Use Approval Forms (if applicable)
- Once your FIM Licence Application has been processed by the MNZ Office you (or your Representative), will receive an email which you must electronically sign for your licence to be issued.

### **Important Information:**

As per the FIM mandate every competitor wishing to apply for an FIM Licence must complete the International-Level Athletes Education Program module.

This will require prospective FIM Licence holders to:

- Complete the International-Level Athletes Education Program Module. This is valid for two years.
- Obtain a certificate of completion (provided on completion of the program)
- Provide the certificate to MNZ in addition to your FIM Licence application.

The course can be completed at [adel.wada-ama.org](http://adel.wada-ama.org)

### **Insurance Requirements:**

The FIM Riders' Insurance Scheme came into effect from 1 January 2024, which means that FIM Licences will automatically come with insurance cover.

Please note however that an FIM Licence is only valid for events that are entered into the FIM calendar and have an International Meeting Number (IMN) or NMFP Number. Please check with Jannine, at the MNZ office if you are unsure whether your event requires an FIM Licence or not.

#### **Insurance Summary:**

Please note that as per normal, this insurance does not cover ongoing medical treatment once returned home to NZ; either ACC or your private health insurance will be required. However, ACC does not provide cover if you have been out of NZ for more than 6 months and were injured while overseas during this time. It would also pay to ensure that your private health insurance covers injuries from motorcycle activities overseas.

This insurance product is linked to a licence, so for every new licence, the insurance cover will be issued with it. If you hold a "One Event" FIM Licence, then cover is only provided for the event specified on the licence. If you hold an "Annual" FIM Licence, then cover is provided for all events that you compete in using that licence. Care must be taken to ensure that the Annual licence covers the event that you are planning on competing in.

### **Riders Insurance Information 2025**



Motorcycling New Zealand  
PO Box 253  
Huntly 3740  
New Zealand  
[admin@mnz.co.nz](mailto:admin@mnz.co.nz)

## 2025 FIM International Licence Application

PLEASE USE BLOCK LETTERS

Today's Date:

MNZ Licence #

\* You must hold a current MNZ Championship Licence

First Name:

Last Name:

Date of Birth:

Age:

Address:

City/Town:

Postcode:

Mobile #:

Home Phone #:

Work Phone #:

Email:

Representative

If the applicant is under 18 years, please provide the following details of the riders representative (parent or guardian)

Name:

Date of Birth:

Email:

(FIM licence will be sent to this address for electronic signature)

Emergency

Emergency

Emergency Contact

Contact Name:

Contact Phone:

Relationship:

If not a New Zealand Citizen please state how long you have been in New Zealand \_\_\_\_\_

The FIM Insurance provides competitors with one repatriation per policy claim. Please confirm by ticking the appropriate box below what address you would like to be repatriated to in the case of an emergency:

☐ NZ Address listed above

or

☐ Overseas Address listed below

Overseas Address:

### Event Details:

The following information is required to obtain your FIM Licence, and also to produce your Start Permission document from MNZ in order to enter an event:

	Name of Championship Event(s):	Venue & Country	Dates of Event:	IMN/NMFP # of Event (FIM Allocated Event/Meeting Number)
1				
2				
3				

**PLEASE CLEARLY SELECT THE LICENCE REQUIRED**

NOTE: Annual FIM Licences run for the calendar year 01 January to 31 December. The licence fee includes the cost of Insurance.

Discipline	Type	Licence & Insurance cost included	
		Annual	One Event
Road Racing	o FIM Road Racing GP - Moto3 Moto2 & Moto GP	*Issued By MNZ	*Issued By MNZ
	o FIM Superbike – Supersport – Women's World Championship	o \$ 3557	o 1604
	o FIM Endurance World Championship, Cup – rider	o 1510	o 780
	o FIM Sidecar World Championship - Rider	o 974	o 641
	o FIM Sidecar World Championship - Passenger	o 863	o 525
	o FIM Junior (Moto GP Rookies Cup, Junior GP, Supersport 300cc, Stock World Cup)	o 896	o 608
	o NMFP – Circuit Racing	o 686	o 498
	o Road Racing Continental Championships	o 896	o 653
Trials	o FIM Trial World Championship TrialGP-Trial2 / FIM Trial des Nations/FIM x-Trial World Championship	o 1372	o 713
	o FIM Women's Trial World Championship/FIM Trial 3 Worlds Championship/FIM Trial des Nations Challenge	o 902	o 531
	o Assistant - FIM Trial World Championships/Trial Prizes/Trial des Nations/X Trial	o 636	o 470
	o NMFP Trial Meetings	o 686	o 445
Enduro / Cross Country	o FIM Enduro World Championship & FIM ISDE (World Trophy & Junior World Trophy)	o 1399	o 713
	o FIM Cross Country Rallies World Championship GP	o 3668	o 1549
	o FIM Women's Enduro World Championship / Junior Enduro World Championship / Youth Enduro World Championship / ISDE (Women's World Trophy & Clubs Team)/ FIM Hard Enduro Junior World Championship/FIM SuperEnduro World Championship	o 791	o 608
	o NMFP Enduro/Super Enduro Meetings	o 686	o 497
	o NMFP Cross Country Rallies, Baja & Sand Race	o 686	o 497
MX/SX	o FIM Motocross MXGP & MX2 World Championship/FIM Supercross World Championship/FIM Motocross of Nations	o 2589	o 1078
	o FIM Junior Motocross World Championship/FIM Junior Motocross World Cup	o N/A	o 802
	o FIM SuperMoto World Championship	o \$ 1160	o 670
	o FIM Women's Motocross World Championship	o 1361	o 757
	o NMFP - Motocross Meetings	o 850	o 492
	o Motocross Continental Championships	o 896	o 652
Track	o FIM Track Racing World Champs (except Speedway GPs)	o 1953	o 763
	o NMFP Track Racing Meetings	o 686	o 497



Motorcycling New Zealand  
PO Box 253  
Huntly 3740  
New Zealand  
[admin@mnz.co.nz](mailto:admin@mnz.co.nz)

**I certify** that the details of my application are accurate to the best of my knowledge and belief. I agree to be bound by all the rules and regulations of the FIM and MNZ and declare that I will not take part in any capacity whatsoever, in any motorcycle competition not authorized by such rules and regulations. I am medically, mentally and physically fit and able to participate in Motorcycling. I am not and must not be a danger to myself or to the health and safety of others; and I will immediately notify MNZ in writing of any change to my medical condition, fitness or ability to participate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature:

I \_\_\_\_\_, being the parent/legal guardian of the above applicant, hereby consent to the granting of his/her application.

**PAYMENT OPTIONS:**

☐ **Credit Card:** Please note there is a 3% Credit Card transaction fee

Credit Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature: \_\_\_\_\_

☐ **Direct Credit:** Please use FIM and your name as a reference

Motorcycling New Zealand Inc.  
ANZ Huntly  
06 – 0329 – 0008518 – 00

## MEDICAL HISTORY AND EXAMINATION GUIDELINES

Every rider taking part in motorcycle events must be medically fit. For this reason the history and an examination are essential. The Medical History and Examination forms are on the following pages (Appendices A and B). The Medical Examination Certificate is valid for the year in which the licence is issued. In the event of serious injury or illness occurring since the last medical certificate was issued, a new examination and medical certificate are necessary.

In addition to the medical examination, an applicant for any licence in Cross-country rallies (World Championship, FIM Prize, International Events) 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.

### Applicants over 50 years

Applicants aged over 50 years except in Trial must attach with their licence application a certificate of medical fitness including a normal exercise tolerance electrocardiogram which is required at least every 3 years. In Trial an exercise tolerance electrocardiogram is also required if there are known significant risk factors for or history of cardiac disease.

The limit for the maximum age in Road Racing GP and SBK World Championships finishes at the end of the year in which the rider reaches the age of 50.

## 1. GUIDELINES FOR THE EXAMINING DOCTOR (Recommended to be Rider's regular Doctor)

**(To be issued with the medical history — Appendix A, and medical examination — Appendix B Forms)**

The examination should be performed by a doctor familiar with the applicant's medical history. The examining doctor must be aware that the person to be examined is applying for a licence to participate in motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other riders, officials and spectators during an event, having regard to the type of event for which the rider is applying.

Certain disabilities exclude the granting of a licence.

### Limbs

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant may be referred for the opinion of the medical commission of his FMN.

### Eyesight

The minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum binocular field should measure 160 degrees (120 degrees for monocular vision) with 70 each side, 30 degrees vertical.

Spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the "soft" variety.

A person who suddenly loses sight in one eye will not be allowed to hold a licence until a minimum of three years have lapsed, except for Trial which would remain as one year, with vision not less than 6/6 [10/10] in the one eye.

Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.

Double vision is not compatible with the issuing of a competition licence.

The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

### Deafness

Total deafness in both ears will prevent an applicant from obtaining a licence except for Trials



### **Diabetes**

In general, it is not considered advisable for diabetics to enter motorcycle events. However, a well-controlled diabetic not subject to hypoglycemic or hyperglycemic attacks and having neither neuropathy nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

### **Cardio-Vascular System**

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary must be submitted with the medical examination form. Any competitor over the age of fifty years must have an exercise tolerance electrocardiogram performed, and the result must be favorable.

### **Neurological and Psychiatric Disorders**

In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.

### **Fits or Unexplained Attacks or Loss of Consciousness**

A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit, or has suffered an unexplained sudden loss of consciousness.

### **Alcohol and use of WADA prohibited substances**

Applicants with an alcohol or use of WADA prohibited substances will not be accepted.

### **PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS**

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he will complete the certificate, having ticked the relevant box, sign it and then send it to applicant's FMN with his observations, including past history. If necessary, he shall request that the applicant should be examined by a member of the medical committee of the FMN, or a doctor appointed by the FMN.

### **COST OF MEDICAL EXAMINATION**

Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant.



APPENDIX A

MEDICAL EXAMINATION FORM  
To be completed by the applicant

Personal Data:

Surname:		First Name:		Date of Birth:	
Address:					
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		FIM:		

- |  |                             |                              |                |
|--|-----------------------------|------------------------------|----------------|
| <input type="checkbox"/> Loss of consciousness for any reason                                | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Dizziness or headache   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Eye Problems (except glasses)                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Allergy to medicine or drugs  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Heart problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Blood Pressure disorder   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Stomach problems (ulcer etc.)                                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Uro-genital problems  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Epilepsy or convulsions   | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Mental or nervous disorder  | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Problems with arms or legs (incl. muscle cramps or joint stiffness) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Blood disorder with tendency to bleed                               | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Details: _____ |
| <input type="checkbox"/> Blood Group   |                             |                              |                |
| <input type="checkbox"/> Operations  |                             |                              |                |
| <input type="checkbox"/> Do you take any medicine or drugs regularly?                        | <input type="checkbox"/> No | <input type="checkbox"/> Yes |                |

**If answered yes to the above and you take any medicines or drugs regularly, please list the medicines or drugs below:**

- I have not been banned, on medical grounds, from taking part in any other sport.
- I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
- In case of an injury and/or illness I give permission to the Medical Staff to release any relevant information to my relatives and my representatives.
- I will immediately inform the relevant FIM Medical Officer / FIM SBK Medical Director / FIM Medical Director / Representative and the CMO of any changes in my health through illness or injury that may adversely affect my ability to ride or compete.
- I declare that the information that I have given is the truth.
- 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 a doctor with reference to the FIM Medical Code, Art 09.1.1 Guidelines for the examining doctor)

Personal Data:

Surname:		First Name:		Date of Birth:	
Address:					
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	FMN:		

<input type="checkbox"/> Cardio Vascular System	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Exercise Tolerance	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
* <input type="checkbox"/> Electrocardiogram (ECG)				
* <input type="checkbox"/> Echocardiography	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Pulse	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Nervous System – Central	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Nervous System – Peripheral	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Ear, nose & Throat, in particular vestibulocochlear apparatus	<input type="checkbox"/> Left Normal	<input type="checkbox"/> Left Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Locomotor System	<input type="checkbox"/> Right Normal	<input type="checkbox"/> Right Abnormal	Details (if abnormal):	_____
	<input type="checkbox"/> Left Arm Normal	<input type="checkbox"/> Left Arm Abnormal		
	<input type="checkbox"/> Right Arm Normal	<input type="checkbox"/> Right Arm Abnormal	Details (if abnormal):	_____
	<input type="checkbox"/> Left Leg Normal	<input type="checkbox"/> Left Leg Abnormal		
	<input type="checkbox"/> Right Leg Normal	<input type="checkbox"/> Right Leg Abnormal		
<input type="checkbox"/> Spine	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Abdomen (hernia)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Urine	<input type="checkbox"/> Albumen Normal	<input type="checkbox"/> Albumen Abnormal	Details (if abnormal):	_____
	<input type="checkbox"/> Glucose Normal	<input type="checkbox"/> Glucose Abnormal		
<input type="checkbox"/> Eyes (Distant vision with correction)	<input type="checkbox"/> Left Normal	<input type="checkbox"/> Left Abnormal	Details (if abnormal):	_____
	<input type="checkbox"/> Right Normal	<input type="checkbox"/> Right Abnormal		
<input type="checkbox"/> Eyes (Distant vision without correction)	<input type="checkbox"/> Left Normal	<input type="checkbox"/> Left Abnormal	Details (if abnormal):	_____
	<input type="checkbox"/> Right Normal	<input type="checkbox"/> Right Abnormal		
<input type="checkbox"/> Colour vision	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____
<input type="checkbox"/> Visual field	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Details (if abnormal):	_____

\* **In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC must undergo and successfully pass an echocardiogram once in his/her 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 3 years.**

**Except in Trial, an exercise tolerance electrocardiogram is required for riders aged 50 years and over.**

- ☐ I, the undersigned, certify that I am this person/rider's medical practitioner and am 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 authorized substance(s) was possible.
- ☐ I, the undersigned, certify that this person is medically FIT to take part in motorcycle events. I, the undersigned, certify that this person is medically NOT 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.

Date of examination:

Signature and stamp of Doctor:



### APPENDIX 3 – Anti Doping Rider Declaration Form

As a member of an FMN and/or a participant in an event authorized or recognized by the FIM, CONU or FMN, 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 FIM Anti-Doping Rules (as amended from time to time), the World Anti-Doping Rules (the "**Code**") and the *International Standards* issued by the World Anti-Doping Agency, as amended from time to time, and published on WADA's website.
2. **I consent and agree to the creation of my profile in the WADA Doping Control Clearing House ("ADAMS"), as requested under the Code to which the FIM is a Signatory, and/or any other authorized National Anti-Doping Organization's similar system for the sharing of information, and to the entry on my Doping Control, Whereabouts and Therapeutic Use Exemptions ("TUE") related data in such systems.**
3. I acknowledge the authority of the FIM and its member National Federations ("FMN") 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.
4. 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 for final and binding arbitration, which in the case of International-Level Riders is the Court of Arbitration for Sport (CAS).
5. I acknowledge and agree that the decisions of the arbitral 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.

I have read and understand the present declaration.

\_\_\_\_\_  
Date:

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

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

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