



# FEDERAZIONE MOTOCICLISTICA ITALIANA

00196 Roma - Viale Tiziano, 70 - Tel. 06.32488.252-285 - E-mail [licenze@federmoto.it](mailto:licenze@federmoto.it) PEC: [licenze@pec.federmoto.it](mailto:licenze@pec.federmoto.it)

## RICHIESTA LICENZA INTERNAZIONALE ANNO 2024

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 (OBBLIGATORIA)

.....  
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 Endurance:

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.

IL/LA SOTTOSCRITTO/A 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.  ..... FIRMA AUTOGRAFA LEGGIBILE DEL RICHIEDENTE (obbligatoria dal compimento del 14° anno di età)  ..... FIRMA DELL'ESERCENTE LA RESPONSABILITÀ GENITORIALE (obbligatoria per i minori di 18 anni)	IL/LA SOTTOSCRITTO/A NELLA SUA QUALITÀ DI PRESIDENTE DELLA SOCIETÀ DI CUI ALLA PRESENTE RICHIESTA DICHIARA CHE IL SUDETTO TESSERATO HA SOTTOSCRITTO PERSONALMENTE LA DOMANDA, DICHIARA, TRASMETTENDO I DOCUMENTI A MEZZO PEC, DI ESSERE IN POSSESSO DEGLI ORIGINALI.  ..... FIRMA AUTOGRAFA LEGGIBILE DEL PRESIDENTE DEL MOTO CLUB
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Data e Luogo:.....

Il Pilota/l'Assistente Trial/il Titolare del Team .....

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, gli Ufficiali di gara, i Preposti e gli Addetti alle manifestazioni, 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 Pilota/l'Assistente Trial/il Titolare del Team si impegna altresì a sollevare la FIM, la FIM Europe, la FMNR, gli Organizzatori e gli Ufficiali di gara, i Preposti e gli Addetti alle manifestazioni, 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 Pilota/l'Assistente Trial/il Titolare del Team 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 richiedente .....  
(obbligatoria dal compimento del 14° anno di età)

Firma dell'esercente la responsabilità genitoriale.....  
(in caso di minori di anni 18)



### MEDICAL HISTORY FORM

(to be completed by applicant)

Personal Data:

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

No	Yes	Details
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Loss of consciousness for any reason dizziness or headache

Eye problems (except glasses)

Asthma

Allergy to medicines or drugs

Diabetes

Heart problems

Blood pressure disorder

Stomach problems (ulcer, etc)

Uro-genital problems

Epilepsy or convulsions

Mental or nervous disorder

Problems with arms or legs  
incl. muscle cramp or joint stiffness

Blood disorder with tendency to  
bleeding

Blood group

Operations

Do you take any medicine  
or drugs regularly?

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

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- 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.
- 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 doctor with reference to the FIM Medical Code, Art. 09.1.1 Guidelines for the examining doctor)

E' raccomandabile che il modulo venga compilato dallo stesso medico che ha rilasciato il Certificato di Idoneità Agonistica.

Personal Data:

Name:		First name:		Date of birth
Address:				
Sex:	male	female	FMN:	
Normal				Abnormal
	Details (if abnormal)			

<input type="checkbox"/>	<b>Cardio-vascular system</b>	<input type="checkbox"/>
<input type="checkbox"/>	*Exercice tolerance ECG	<input type="checkbox"/>
<input type="checkbox"/>	*Echocardiography	<input type="checkbox"/>

<input type="checkbox"/>	<b>Blood pressure</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Pulse</b>	<input type="checkbox"/>
<input type="checkbox"/>	<b>Respiratory system</b>	<input type="checkbox"/>

<input type="checkbox"/>	<b>Nervous system</b>	central	<input type="checkbox"/>
<input type="checkbox"/>		peripheral	<input type="checkbox"/>

<input type="checkbox"/>	<b>Ear, nose and throat,</b>	right	<input type="checkbox"/>
<input type="checkbox"/>	<b>in particular vestibulo-cochlear apparatus</b>	left	<input type="checkbox"/>

<input type="checkbox"/>	<b>Locomotor-system</b>	arm	right	<input type="checkbox"/>
			left	<input type="checkbox"/>

<input type="checkbox"/>		leg	right	<input type="checkbox"/>
			left	<input type="checkbox"/>

<input type="checkbox"/>		spine	<input type="checkbox"/>
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<input type="checkbox"/>	<b>Abdomen (hernia)</b>	<input type="checkbox"/>
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<input type="checkbox"/>	<b>Urine</b>	Albumen	<input type="checkbox"/>
<input type="checkbox"/>		Glucose	<input type="checkbox"/>

<input type="checkbox"/>	<b>Eyes:</b>	Distant vision	<input type="checkbox"/>
<input type="checkbox"/>		without correction	right <input type="checkbox"/>
<input type="checkbox"/>			left <input type="checkbox"/>
<input type="checkbox"/>		with correction	right <input type="checkbox"/>
<input type="checkbox"/>			left <input type="checkbox"/>
<input type="checkbox"/>		color vision	<input type="checkbox"/>
<input type="checkbox"/>		visual field	<input type="checkbox"/>

\* In addition to the medical examination, an applicant for any licence in FIM Cross-Country Rallies WC 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 50 years and over. It is also required in any case of known significant risk factors for or history of cardiac disease.

In according to 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/rider's 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 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 - 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)