

# BUXTON RACEWAY

# 2019

## DRIVERS LICENCE APPLICATION FORM

### VERY IMPORTANT

2019 LICENCES WILL NOT BE ISSUED WITHOUT FOUR RECENT PASSPORT SIZE PHOTOGRAPHS AND PAYMENT

This is an insurance requirement

Please do not send in this Application Form without the photographs or payment as we will only have to return it to you.

*For official use only*

AMOUNT PAID

£

DATE PAID

LICENCE ISSUED

PLEASE CIRCLE THE REQUIRED FORMULA

National Bangers £75 Driver plus 1

Super Bangers £75 Driver plus 1

Junior Micra Rods [10 to 16 years] £45 Driver plus 1

1300cc Stockcars £75 Driver only

1600 Open Rods £75 Driver only

Street Bangers £75 Driver plus 1

Hot Fords £75 Driver only

Day Licence £30

Add On Licence £10  
[dearest licence first, plus £10 for each add on formula]

**Note:** ALL £75 licenses will be reduced to £55 if paid before 31<sup>st</sup> December 2018.  
ALL £45 licences will be reduced to £35 if paid before 31<sup>st</sup> December 2018.

FORMULA

RACE NUMBER

Transponder Number

PLEASE WRITE IN **BLOCK CAPITALS** AND COMPLETE IN FULL

Full Name .....

Your E-mail Address ..... **FOR NEWS, BOOKINGS & POINTS**

Telephone (inc STD) ..... (day) ..... (eve) ..... Mobile

Date of Birth ..... [if under 16 years of age we need a copy of Birth Certificate]. Age .....

Place of work ..... Occupation .....

Home Address .....

..... Postcode .....

Do we have your permission to disclose any of your phone numbers or E-mail Address listed here? ..... Yes / No

Have you ever raced before? ..... Yes / No

If yes, where?.....

What highest grade did you achieve? ..... Last grade held?.....

**CHEQUES MADE PAYABLE TO: BUXTON RACEWAY LTD**

All correspondence to: LICENCES, Buxton Raceway Ltd, 196 Buxton Road, Whaley Bridge, High Peak, SK23 7JX  
Booking Line / Fax: 01663 732526

Track Address: Off A53 Buxton to Leek Road, Buxton, Derbyshire. Tel: 07817 611404

PLEASE TURN OVER .....

**PLEASE ANSWER "YES" or "NO" TO ALL THE FOLLOWING QUESTIONS**

- 1. Do you suffer from Epilepsy, sudden attacks of disabling giddiness or fainting?..... Yes / No
- 2. Are you without either hand or foot or suffering from any defect in movement or control of muscular power in either arm or leg? ..... Yes / No
- 3. Are you suffering from any disease, mental or physical, or disability which is likely to cause you to be a source of danger to yourself or to others on the track or on any stadium property? ..... Yes / No
- 4. Have you ever suffered a neck injury in the last 5 years? ..... Yes / No
- 5. Can you read at a distance of 25 yards in good daylight, (with glasses if worn) a car registration plate containing up to 7 digits? ..... Yes / No
- 6. Are your colour blind?..... Yes / No
- 7. Have your ever been banned from racing at any stadium? ..... Yes / No
- 8. If so, please state where and when .....
- 9. Are you still banned? ..... Yes / No

IF A CHEQUE IS REPRESENTED TO YOUR BANK - A £25.00 SURCHARGE WILL BE ADDED AND MUST BE PAID BEFORE YOU RACE

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**DECLARATION**

I declare to the best of my knowledge and belief that the above answers are true.

I understand that it is an offence for a licensed driver to appear in a meeting on a track not recognised by the promotion.

I further understand that if a licence is granted it is obligatory to study and understand the Buxton Raceway 2019 Rules, and that no legal action can be taken against the promotion or its officials on any decision or any matter connected with car racing under the regulations of the promotion.

I understand that the completion of this form contracts me to the promotion.

I agree to pay the Licence Fee as denoted overleaf,[can be paid via PayPal on the website – please include PP receipt] in part towards Drivers Personal Accident Insurance costs.

**You can pay direct via Paypal - payments@buxtonraceway.com but please send your PayPal Receipt.**

**FOUR RECENT PASSPORT SIZE PHOTOGRAPHS ARE ATTACHED TO THIS APPLICATION**

Usual signature of applicant .....

Dated .....

[optional] In Case Of Emergency Contact Number:

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**TO BE COMPLETED BY PARENT / GUARDIAN OF APPLICANTS OVER 10 BUT UNDER 18 YEARS OF AGE**

Signed ..... Date .....

Name ..... Parent / Guardian .....

Address .....

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**Please Note: Receipt of fees does not imply automatic issue of a licence.  
Remittance will be returned in full with any refusal**