Federazione Motociclistica Italiana

Area Organi Centrali
Ufficio Affiliazioni – Tesseramento – Rapporti con EPS
Ufficio Licenze e coperture assicurative dei Licenziati

MODULO RICHIESTA LICENZA INTERNAZIONALE

Anno sportivo 2027 * I campi contrassegnati con asterisco sono obbligatori

LICENZA PER PILOTA

- ☐ ANNUALE
- ☐ SINGOLA MANIFESTAZIONE
- ☐ PIÙ SINGOLE MANIFESTAZIONI

NOME LICENZA _____
SPECIALITÀ _____
MOTO _____
CILINDRATA _____
CLASSE _____

LICENZA ASSISTENTE TRIAL

- ☐ ANNUALE
- ☐ SINGOLA MANIFESTAZIONE
- ☐ PIÙ SINGOLE MANIFESTAZIONI

LICENZA TEAM ENDURANCE

- ☐ ANNUALE
- ☐ SINGOLA MANIFESTAZIONE
- ☐ PIÙ SINGOLE MANIFESTAZIONI

GARE INTERNAZIONALI A CUI SI INTENDE PARTECIPARE:

DENOMINAZIONE	LUOGO	DATA	NUMERO EMN/IMN

LICENZA PER PILOTA E ASSISTENTE TRIAL – DATI ANAGRAFICI, CONTATTI, MOTO CLUB E CONTATTI IN CASO DI INFORTUNIO

*Cognome _____ *Nome _____ * Codice fiscale _____

* Data di nascita _____ * Luogo di nascita _____ * Prov. _____

Contatti: verranno tenuti in considerazione il numero di cellulare e l'indirizzo e-mail presenti nell'anagrafica della Licenza Agonistica FMI.

* Codice affiliazione Moto Club _____ * Denominazione Moto Club _____

Cognome, nome e telefono persona da contattare in caso di infortunio: verrà tenuto in considerazione quanto indicato nell'anagrafica della Licenza Agonistica FMI.

LICENZA TEAM ENDURANCE – DATI DEL TITOLARE DEL TEAM

*Cognome _____ *Nome _____

* Data di nascita _____ * Luogo di nascita _____ * Prov. _____

* Sesso M F * Codice fiscale _____

Telefono _____ * Cellulare _____ * Indirizzo e-mail _____ * Numero di Tessera FMI _____

* Codice Team FMI _____ * Denominazione Team _____

Il sottoscritto dichiara di conoscere e accettare:

- Lo Statuto, il Codice Etico, i Regolamenti, le norme della FMI, la Circolare FMI dell'anno sportivo in corso, il Codice di comportamento e le Norme Antidoping del CONI, il Regolamento Mondiale Antidoping
- L'informativa relativa al trattamento dei dati personali ai sensi dell'art. 13 del Regolamento (UE) 2016/679

Il sottoscritto, inoltre, consapevole delle sanzioni penali previste dall'art. 76 T.U. 445/2000, nel caso di mendaci dichiarazioni, falsità negli atti, uso o esibizione di atti falsi, contenenti dati non più rispondenti a verità, dichiara sotto la propria responsabilità che i dati sopra riportati sono veritieri come da copia del documento di riconoscimento allegato alla richiesta.

* Luogo e data _____ * Firma del richiedente maggiorenne _____

Il minore che abbia compiuto 14 anni di età deve prestare personalmente il proprio assenso _____

In caso di richiesta di un minore di anni 18:
Io Sottoscritto _____, in qualità di genitore/tutore esercente la responsabilità genitoriale/tutoria sul minore _____, acconsento alla richiesta della Licenza rinunciando ad ogni eventuale futura eccezione.

Firma del genitore/tutore esercente la responsabilità genitoriale/tutoria sul minore _____

Il sottoscritto, 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. Inoltre, 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 sottoscritto 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 maggiorenne _____ Il minore che abbia compiuto 14 anni di età deve prestare personalmente il proprio assenso _____

Firma del genitore/tutore esercente la responsabilità genitoriale/tutoria sul minore _____

Il **Presidente del Moto Club** dichiara sotto la sua piena responsabilità che il pilota ha personalmente compilato il presente modulo.

* Luogo e data _____

Timbro e firma del Rappresentante Legale del Moto Club

_____

Viale Tiziano, 70 – 00196 Roma RM – Tel. 06.32488.500
licenze@federmoto.it – licenze@pec.federmoto.it
www.federmoto.it

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MEDICAL HISTORY FORM

(to be completed by applicant)

PERSONAL DATA

*Name _____ *First name _____ * Date of birth _____

* Address _____

* Sex M F * FMN _____

NO		YES	DETAILS
	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 you take any medicine or drugs regularly, please list below the medicine or drugs:

a. I have not been banned, on medical grounds, from taking part in any other sport.
b. I do not take any prohibited substances and/or methods as per the WADA list and do not abuse alcohol.
c. I declare that the information that I have given is the truth.
d. 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) _____

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MEDICAL EXAMINATION FORM

(to be completed by doctor with reference to the FIM Medical Code, Art. 09.1.1 Guidelines for the examing doctor)
(è 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 _____

NORMAL		ABNORMAL	DETAILS (if abnormal)
	Cardio-vascular system		
	*Excercise tolerance ECG		
	*Echocardiography		
	Blood pressure		
	Pulse		
	Respiratory system		
	Nervous system – central		
	Nervous system – peripheral		
	Ear, nose and throat, in particular vestibulo- cochlear apparatus – right		
	Ear, nose and throat, in particular vestibulo- cochlear apparatus – left		
	Locomotor system – arm – right		
	Locomotor system – arm – left		
	Locomotor system – leg – right		
	Locomotor system – leg – left		
	Locomotor system – spine – right		
	Locomotor system – spine – left		
	Abdomen (hernia)		
	Urine: Albumen		
	Urine: Glucose		
	Eyes – Distant vision: without correction – right		
	Eyes – Distant vision: without correction – left		
	Eyes – Distant vision: with correction – right		
	Eyes – Distant vision: with correction – left		
	Eyes – Color vision		
	Eyes – Visual field		

* 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 singole epileptic fit, or ha suffered any episodes of unexplained sudden loss of consciousness during a period of five (5) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these five (5) 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 undersgined, 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 prohibied 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), 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)