



# APPLICATION FOR R.T.A. PERMIT OF AUTHORISATION



for a mechanically propelled vehicle activity

## ORGANISATION

Operating Company Name / Trading Entity: \_\_\_\_\_

Principal Organiser / Controlling Mind: \_\_\_\_\_ Role: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## CORRESPONDENCE DETAILS (where we should send paperwork if different to above)

Title: \_\_\_\_\_ Name: \_\_\_\_\_ Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT & VENUE DETAILS

Name of Event / Championship: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Types of Vehicles used: \_\_\_\_\_

Annual Authorisation  OR One Event Authorisation  (please tick) Starting from (date): \_\_\_\_\_

Venue where principal activities are to be held: \_\_\_\_\_

Post Code: \_\_\_\_\_

Please include an Ordnance Survey or Google map with any tracks or arenas marked plus the outer curtilage of the venue highlighted.  
Please list on a separate sheet the details of any other venues to be used.

Do you have the landowner's permission? Yes / No / NA\*

Do you have Local Authority permission for the use of any public areas? Yes / No / NA\*

Please state approximately how many of the following will attend per day:

Participants: \_\_\_\_\_ Marshals / Officials: \_\_\_\_\_ Spectators: \_\_\_\_\_

First Aiders: \_\_\_\_\_ Paramedics: \_\_\_\_\_ Ambulance Technician: \_\_\_\_\_ Rescue Vehicles: \_\_\_\_\_  
(a person trained to administer drugs or gasses)

How many fire extinguishers will be on site? \_\_\_\_\_

Has this particular event been held: -

a) On at least 3 previous occasions? Yes / No \*    b) At this location? Yes / No \*    c) At other locations? Yes / No \*

\* Please delete as necessary

## ARENA & SAFETY ZONES

The length and width of the arena/circuit or track: \_\_\_\_\_

The surface is made of: Tarmac / Gravel / Grass / Other (please state): \_\_\_\_\_

All spectator barriers are made of: Rope & Stakes / Temporary interlocking steel barriers / permanent fencing / concrete wall / solid timber fence / Armco / earth bank / other (please state): \_\_\_\_\_

The enclosed arena/track/circuit plan must note in detail the length, width, type and position of safety zones/crowd barriers.

**EXPERIENCE OF PERSON OR COMPANY RESPONSIBLE FOR ORGANISING EVENT**

How many events of this type and size has such a person or company organised? \_\_\_\_\_ events.

How many years has the company operated under the present name? \_\_\_\_\_ years.

Details of the following event officials:

COMPANY SAFETY OFFICER - Name: \_\_\_\_\_ Tel: \_\_\_\_\_

CHIEF FIRST AID OFFICER - Name: \_\_\_\_\_ Tel: \_\_\_\_\_

RACE / EVENT DIRECTOR (Clerk of the Course) - Name: \_\_\_\_\_ Tel: \_\_\_\_\_

SECRETARY OF THE EVENT - Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**INSURANCE**

Who are the event insurers? \_\_\_\_\_

***PLEASE INCLUDE A COPY OF THE CURRENT CERTIFICATE OF INSURANCE THE IOPD requires it is NAMED ALONG WITH THE LANDOWNER AS AN INDEMNIFIED PARTY (This should be easily attained by request from your broker at no extra charge).***

Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Are you in receipt of a written quotation? Yes/No \* \* If yes, please include a photocopy for our files

Please give a brief summary of insurance cover applied for and obtained. If applying for an annual exemption, please also include the applicable Policy No:

\_\_\_\_\_  
\_\_\_\_\_  
Policy No: (if applicable) \_\_\_\_\_

**EVENT ORGANISATION**

Please enclose the following:

- a) A fully detailed arena/track or circuit plan also noting the position of marshals/first aid/fire equipment and safety zones.
- b) If applicable, a summary of the motor sports, emergency service, first aid & spectator control experience of key personnel.
- c) If applicable, a summary of the equipment carried by the first aid personnel, fire units, doctor, ambulance etc.
- d) Names, titles, Tel numbers and brief summary of the motor activity experience of the following officers: I) Company Safety Officer, II) Chief First Aid Person, III) Event or Race Director.
- e) A detailed summary of the type of event, its composition, type/or class of vehicles used and a copy of the event(s) rules and regulations/codes of practice/supplementary regulations.

After receiving your IOPD Black Safety Pack you will need to submit your Method Statements and Risk Assessments.

Have the following civil organisations been informed of your event(s)?

Local Police: Yes/No\*      Local Hospital: Yes/No\* \*Please delete as applicable

**SIGNATURE**

I accept that all drivers/co-drivers or riders taking part in any competitive event that I organise under an IOPD Permit of Authorisation will be the holder of a mandatory IOPD Competition Licence.

I (Name) \_\_\_\_\_ of (Company) \_\_\_\_\_

herein apply for (annual/day) \_\_\_\_\_ IOPD Off Road Auto Activity authorisation permit / licence under the Road Traffic Act (as amended by the 1991 Road Traffic Act) for the here noted venue(s) and event(s). I understand that a site inspection is mandatory.

I also agree to the details that I have provided being stored by the IOPD in order that it can service and administer the needs of the Organisation.

I enclose the applicable fee of £ \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_