



SRI LANKA AUTOMOBILE SPORTS
33 Torrington Avenue, Colombo 07
T.P. 0778915848

ATTACH PP
SIZED PICTURE
HERE

APPLICATION FOR COMPETITION LICENSE RENEWAL

Year: 20_____ Category: A ☐ B ☐ C ☐ R ☐ E (Junior) ☐

Full Name: _____

Name with Initials: _____

Date of Birth: ____/____/_____
(DD/MM/YYYY)

Blood Group: _____

Postal Address: _____

Telephone: Office: _____ Mobile : _____ Home : _____

Fax: _____ Email: _____

NIC: _____ Passport: _____

D/L no. _____

Current SLAS Competitions License Number:
Current SLAS Competition License Category:

Member of the following Motor Sports Clubs / Associations:

Club	Membership No.

Family Doctor _____ Tel No. _____

Date of Last Medical Check Up ____/____/____

Major illnesses, If Diagnosed _____

Signature and Stamp _____

Intended competition vehicle (s): _____

Category Qualification:

List all event categories taken part in over last 5 years:

Event [E.g. SL N Ford Laser/Mazda 1300cc]	Number of Years (min 01 participation during year) [E.g. 5 yrs (2012, 2014-2017)]

Most Recent Performance (up to 2 years):

Race and Event [E.g. Foxhill Supercross -SL N Ford Laser/Mazda 1300cc]	Placing

Your knowledge of Rules and Regulations governing Motor Sports is;

Good Fair Nil

Have you had formal training at any professional Motor racing / Rally School?

Yes / No

Describe Briefly

Please note: Two colored photos (PP size) and a fee of Rs. 5000.00 for Circuit / Gravel, Speed Rallies, Hill Climbs and TSD Rallies

PLEASE NOTE A MINIMUM OF 7 WORKING DAYS IS REQUIRED TO PROCESS ALL LICENSE RENEWALS

PS; Incase the competitor is over the age of 45years (At the time of the application), He/she must submit a medical report from the SLAS designated Hospital.

Please obtain a separate Note from the Hony. Secretary SLAS for this purpose.

Declaration

I _____ hereby declare that the information provided above is true and correct to the best of my knowledge.

Signature: _____

Date: _____

For Office Use

Application Received On:	_____
Photos:	Attached / Not Attached
Medical Certificate	Attached / Not Attached
Reciept No. :	_____
Cash/Cheque :	_____