



APPLICATION FOR KENYA MOTORSPORT FEDERATION COMPETITION LICENCE **2026**

PLEASE ATTACH A
PHOTOGRAPH HERE
WITH A PAPER CLIP.
(If you have never
applied for licence
with KMSF
previously) PRINT
YOUR FULL NAME
ON ITS REVERSE

Fill in this form to apply for a KMSF Competition License.

All sections should be completed in full to process the competition licence.

Section 1 – Your details

Please write clearly in BLOCK CAPITALS

Surname											
First names											
Postal address								Postcode			
Email address											
Mobile number											
Nationality											
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y	
Gender	Male					Female					
Driving Licence	Number					Expiry					
Motorsport club						Membership no.					
Evacuation Cover	Company & Number										

Section 2 – Your medical information

Your doctor's name											
Postal address								Postcode			
Telephone number											

All competitors regardless of age MUST answer all questions below.

Kindly Tick The Relevant Box

Have you been prescribed or are you taking any of the substances shown in the World Anti-Doping Agency listings? (See www.wada-ama.org)	YES		NO	
Do you have a physical problem with, or permanent difficulty in, using your arms or legs for driving?	YES		NO	
Do you have any congenital abnormality of any limbs, or amputation, or any other disability?	YES		NO	
Have you had any surgical procedures within the last 2 years?	YES		NO	
Have you been refused life assurance for medical reasons?	YES		NO	
Have you ever had any disease or disorder of the eye other than needing glasses or contact lenses?	YES		NO	
Are corrective lenses (contacts lenses or glasses) required for driving?	YES		NO	

Section 2 continued next page

Have you ever been treated for any of the following?

Heart disease or a heart disorder	YES		NO	
High blood pressure	YES		NO	
Diabetes	YES		NO	
Severe giddiness, fainting spells or blackouts	YES		NO	
Epilepsy	YES		NO	
Seizures or any other neurological conditions	YES		NO	
A severe head injury which led to concussion or unconsciousness	YES		NO	
A psychiatric illness, mental disorder including treatment for depression or behavioral problem including ADHD	YES		NO	

If you have ticked 'Yes' to any of the above, please give detailed information in the box provided. It may be necessary for you to provide a written medical report from your General Practitioner or Specialist.

List the date and details of any medical issues or surgical procedures. Also list the name and details of any medication/treatment you received or are receiving:

Section 3 – Your doctor's report on you

To you doctor – **Please ensure that ALL questions have been answered. Note that ANY missed or unanswered questions will require further information to be submitted by you.**

Applicants FULL name				
Blood group				
Height	(cm)			
Weight	(kg)			
Blood pressure	/			
Is there any evidence of a physical or mental condition in the applicant's medical history?	YES		NO	
Has the applicant suffered from epilepsy, seizures or any other neurological conditions?	YES		NO	
Does the applicant have any physical abnormality or restriction of movement in the arms or legs?	YES		NO	
Vision – To be recorded in metric Snellen acuity:				
Uncorrected (without corrective lenses)	R eye	6 /	L eye	6 /
Corrected (wearing corrective lenses if necessary)	R eye	6 /	L eye	6 /
Vision with both eyes open (wearing corrective lenses if necessary)	6 /			
Are corrective lenses (glasses or contact lenses) required for driving?	YES		NO	
Is there any ocular history that suggests the possibility of visual field loss?	YES		NO	

If you have ticked 'YES' to any of the questions above, please provide further details in the box below

Doctor's comments:

Section 3 continued next page

Sign below to certify that you have examined the applicant and all information is correct.

Doctor's Name	
Qualification	
Doctor's practice stamp	

Your (doctor's signature)

Date of medical examination

DOCTOR'S SIGN HERE

DD/MM/YYYY

Section 4 – The License(s) you need

Tick the appropriate boxes to show the license(s) you are applying for. License(s) run from 1st January to 31st December of the year shown on the license.

TYPE	AMOUNT	TICK
KMSF National Super Competition Licence (over 18yrs)	Kes. 40,000.00	
KMSF-FIA International Rally Sport Competition Licence	Kes. 30,000.00	
KMSF National Rally Sport Competition Licence	Kes. 20,000.00	
KMSF Rally Sport Single Day Event Competition Licence	Kes. 7,500.00	
KMSF National Autocross Senior Competition Licence	Kes. 17,000.00	
KMSF Autocross Senior Single Day Event Competition Licence	Kes. 7,500.00	
KMSF National Autocross Junior Competition Licence	Kes. 12,000.00	
KMSF Autocross Junior Single Day Event Competition Licence	Kes. 5,000.00	
KMSF National Karting Senior Competition Licence	Kes. 17,000.00	
KMSF Karting Senior Single Day Event Competition Licence	Kes. 3,000.00	
KMSF National Karting Junior Competition Licence	Kes. 12,000.00	
KMSF Karting Junior Single Day Event Competition Licence	Kes. 2,500.00	
KMSF National Rally Raid Senior Competition Licence	Kes. 15,000.00	
KMSF Rally Raid Senior Single Day Event Competition Licence	Kes. 5,000.00	
KMSF National Rally Raid Junior Competition Licence	Kes. 12,000.00	
KMSF Rally Raid Junior Single Day Event Competition Licence	Kes. 4,500.00	
KMSF National 4x4 Competition Licence	Kes. 17,000.00	
KMSF National 4x4 Single Day Event Competition Licence	Kes. 7,500.00	
KMSF National Club's Single Day Event Competition Licence	Kes. 5,000.00	

- Each discipline requires a separate competition licence, additional license will be charged as follows:
 - Senior – Kes. 4,500.00
 - Junior – Kes. 3,600.00
- Super licence is valid only for National events.
- FIA rally licence valid for participation in National and International events.
- National Rally licence is valid to score Championship points in Kenyan ARC round.

Section 5 – Checklist and declaration

To avoid unnecessary delays in issuing your competition license, please use the below checklist to ensure you have completed the application form correctly.

ITEM	TICK
I have completed Section 1	
I have completed Section 2	
My doctor has completed Section 3	
My doctor has provided any additional medical information you need and this is attached (if applicable)	
I have enclosed the correct payment	
I have signed and dated the declaration below. (My parent/guardian has countersigned if I am under 18).	
I have attached a photograph with my name and date of birth on the reverse	
I have attached a copy of valid air evacuation cover	
I have attached a copy of my valid club membership	
I have attached a copy of my national ID or passport	
I have attached copy of my driving licence (senior applicants)	
I have attached copy of my birth certificate (junior applicants)	

Please read the following statements and sign below, to confirm your understanding and acceptance.

- I understand and will comply with the 2026 Kenya Motorsport Federation National Competition Regulations, including any amendments or additions, and I will abide by the FIA Sporting Code.
- I declare that I have not obtained a 2026 Competition Licence from any other ASN affiliated with the FIA. I am aware that if I have previously held a licence with another ASN, I am required to provide a release letter from the ASN that issued my previous competition licence before applying for the KMSF Competition Licence.
- I understand that if I have provided any false information in this application, the Kenya Motorsport Federation may take disciplinary action against me. This may include the permanent withdrawal of my licence.
- I will not engage in any conduct that could damage the reputation of, or have a negative impact on, motorsport in general. I understand that such conduct may result in disciplinary action by the Kenya Motorsport Federation.
- I undertake not to use drugs or prohibited methods as defined in the Prohibited List of the World Anti-Doping Code (WADA) and the Anti-Doping Regulations of the FIA (see www.wada-ama.org).
- I will not participate in any practice or competition while under the influence of drugs or alcohol.
- I confirm that the information provided to the examining doctor regarding my current health and past medical history is accurate.
- I agree to the Kenya Motorsport Federation's medical consultant obtaining medical information about me from any doctor who has attended to me for any condition affecting my physical or mental health.
- I understand that if any medical condition arises during the validity of my 2026 competition licence including, but not limited to, injuries sustained at motorsport events—I must inform the Kenya Motorsport Federation Secretariat before participating in any further motorsport activities.
- I understand that a competitor shall not take time off school to participate in motorsport without prior written approval from their school.
- I understand that any Competition Licence issued remains the property of the Kenya Motorsport Federation, which reserves the right to withdraw or suspend it at any time. The reason(s) for such withdrawal or suspension will be provided.
- I understand that I must sign an event entry participation form containing the indemnity before taking part in any competition.
- I understand that motorsport worldwide is governed by the FIA under the International Sporting Code. Kenya is bound by this code, and KMSF is responsible for upholding and enforcing it. All participants in motorsport events in Kenya submit to this code. One of its core principles prohibits any action that is prejudicial to the interests of motorsport. Penalties for breaching this rule include suspension and/or a fine of up to KES 1,000,000.00. Actions considered a breach include baseless, racial, or defamatory attacks against the motorsport establishment, KMSF, or its appointed agents through the press or any media whether print, electronic, social media, or any other channel which could bring the sport into disrepute.

Your Signature:

SIGN HERE

If the applicant is aged under 18, the parent or Guardian must also sign below.

Parent or Guardian's Signature

PARENT/GUARDIAN SIGN HERE
(If applicable)

Guardian's relationship to Applicant

Date:

DD/MM/YYYY

Date:

DD/MM/YYYY

Parent or
Parent or Guardian's Name:

KMSF USE:

Receipt No.		Licence No.		Date.	
Approving officer's name			Signature		