

# RIDER COMPETENCE ASSESSMENT

**FOR: - NIPPER, RECREATIONAL AND SENIOR CLUB/NATIONAL LICENCE APPLICANTS ONLY**  
**JUNIOR COMPETITION APPLICANTS ARE REQUIRED COMPLETE THE MA KICKSTART JUNIOR COACHING PROGRAM**

## Rider's Details

Rider's Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (Private) \_\_\_\_\_

(Business) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Email) \_\_\_\_\_

### First Time Licence Applicants Seeking a Competition Licence

If you are a first time licence applicant please ensure that the following form is correctly filled out by the relevant persons prior to submitting your licence application form. Once this form is completed please submit it along with the questionnaire and your licence application form to Motorcycling Queensland, PO Box 2072, North Ipswich Q 4305.

### One Meeting Licence Applicants

This form should be completed prior to the event where you are seeking a One Meeting Licence. Please submit this form to the promoting club when you apply for your One Meeting Licence.

Clubs should return these competency forms to Motorcycling Queensland

### DECLARATION BY MA ACCREDITED COACH / or OFFICIAL

I believe that the rider mentioned is capable of competently controlling a motorcycle in a motorcycle sport environment. The applicant has complied with one of the following conditions and completed the questionnaire (tick appropriate box):

- Holder of a current road motorcycle drivers licence - Not Learners Permit (supply photocopy)
- Has attended an accredited training course conducted by a State Government authorised training authority (ie Qld Transport Motorcycle Training Program)
- Has attended an MA accredited training school (ie Team Moto, Academy of Off Road Riding or Y-Aim)
- Has attended a riding school conducted by a level one or two accredited coach (Coach name: \_\_\_\_\_ date: \_\_\_\_\_)
- Displayed a level of competency through practical demonstration to a qualified (*minimum Level 2 Clerk of Course or Steward or Level 1 or 2 Coach*).
- I certify that the applicant has successfully passed the Questionnaire overleaf.**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MA Officials Licence Level (please circle)    2    3    4

**OR**

MA Coaches Licence Level (please circle)    1    2

Ph (Hm / Wk): \_\_\_\_\_ Mb: \_\_\_\_\_

