

NOTICE OF MEDICAL SUSPENSION OF LICENCE

DUE TO INJURY, ILLNESS OR DISABILITY

This form is to be filled in by a club or APBA official when a driver is involved in an accident, or if he suffers a disability or is stricken by an illness. This is at any time not just during a race meeting.

A note that the licence has been temporarily suspended is to be noted in the back of the rule book, along with the date and medical reason for suspension

Surname First Names

Address Suburb

APBA Licence Number State of issue

Reason for MEDICAL SUSPENSION

(If a racing accident) Location

Date you were informed or became aware of accident / disability / illness

- The driver
- Appears to be unhurt
 - Has minor injury or illness
 - Has major injury or illness

Name of Official submitting this form

From Club or Official of

Position Held Signature

This form when completed should be sent to the licence issuing officer in the state of issue of the licence. If the licence issuing officer in the state of issue is unknown send to the Secretary, of the appropriate State Council (Address is in the front of the rule book).

Please send this notice in promptly so that a clearance to race form may be sent to the driver.

A better way may be:

To send the actual licence book with this form. In this way a driver may not race until a clearance is obtained. With just a notation in the back, anybody may sign it off, as some drivers might be a bit naughty and do this

OFFICAL USE ONLY

Date received

Clearance form sent to

CLEARANCE RECIVED AND LICENCE RETURNED ON

BY (Post, Handed to ect).....

Form 23c

AUSTRALIAN POWER BOAT ASSOCIATION
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