



Date:...../...../.....

Surname:.....

CAMS Member Number:.....

State:..... Licence Level:.....

Dear.....

To enable us to process your competition licence the following requirements must be met:

- Obtain a report from your Neurologist including the following:
  - Stability of your condition
  - Extent of your disability
  - Opinion on your fitness to compete in motor sport.
- Obtain a report from your Club/Stewards on your ability to exit your vehicle in an emergency.
- Be observed by Steward/Clerk of Course on driving ability.
- Report from your club and scrutineers on specialized equipment to assist driving.  
ie. Hand controls, do they meet Australian Design Rules.

We are keen to issue your licence and will appreciate your response to this request. Please attach this letter to the front of your medical report and forward it to:

CAMS Member Services  
PO Box 427  
Caulfield East Vic 3145

Fax: 03 9593 7700  
Email: [memberservices@cams.com.au](mailto:memberservices@cams.com.au)

If you have any other queries please call the CAMS Member Service Team on 1300 883 959.

Yours sincerely,

CAMS Member Service Officer