



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

Surname:.....

CAMS Member Number:.....

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

Dear.....

To enable us to process your competition licence we require a report from an Ophthalmologist regarding your vision.

The report must include the following:

- How long you have had this problem
- What was the cause
- Visual Acuity
- Horizontal field of vision

Other items you are required to obtain are:

- A reference from your car club president and competitor peer group showing that they are happy for you to compete.
- A resume of your driving experience, both civil and sporting.

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

CAMS Member Services
PO Box 427
Caulfield East Vic 3145

Fax: 03 9593 7700
Email: 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