



2026 MOUNTAIN COURSE LICENCE APPLICATION

**ATTACH
YOUR PHOTO**

Please write your name
and date of birth on the
reverse of photo.

This licence is a requirement for ALL COMPETITORS taking part in the 2026 Manx Grand Prix and Classic TT Races held on the TT Mountain Course. All applicants must complete Section 2 Medical Report, and Section 3 Pay Slip. The fee is £30.00 (in addition to any other licence fee). Licence holders must have held a National licence for Road Racing for a minimum of 12 months prior to the first day of qualifying.

DOCUMENTARY EVIDENCE OF THE FOLLOWING ADDITIONAL REQUIREMENTS MUST BE SUPPLIED WITH THIS APPLICATION:

ALL APPLICANTS: All applicants must have competed satisfactorily in at least six Road Race Days in the 13 months expiring 30th June 2026. A minimum of TWO of the SIX required race days must be in the 2026 season.

ALL NEWCOMERS: THREE of the SIX required race days must show the rider as having finished the race and have an average race speed equal to or greater than 92.5% of their respective CLASS winner. (ACU National licence upgrade qualifying criteria).

ALL APPLICANTS: ONE result will be permitted from each racing day of a short circuit Road Race meeting to a maximum of TWO per meeting. ONE result will be permitted from each racing day of a Closed Public Road Race circuit meeting to a maximum of TWO. Qualifying for the 2025 TT, Manx GP or Classic TT races will count as one race day and finishing in a 2025 TT, Manx GP or Classic TT race will count as a second race day. A competitor who competes in both the TT, Manx GP or Classic TT may count a maximum of 3 results. In exceptional cases Test Days may be taken into consideration. For a Test Day to be considered as one day, participants must complete a minimum of 50 laps during the Test Day.

CLOSING DATES FOR RECEIPT OF APPLICATION FORMS: 3rd July 2026. Completed forms should be sent together with the SIX race result sheets and fee to ACU Road Race Department, ACU House, Wood Street, Rugby, Warwickshire, CV21 2YX.

NOTE: THE ISSUING OF A TT MOUNTAIN COURSE LICENCE DOES NOT GUARANTEE AN ACCEPTED ENTRY FOR COMPETITION

All Competitors must book an appointment and visit their own General Practitioner (GP)/Doctor to complete the Medical Section of the Mountain Course Licence (MCL) before their arrival on the Isle of Man.

SECTION 1 – YOUR DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS)

First Names _____ Mr/Mrs/Ms/Miss _____ Surname _____

Address _____

Postcode / Zip _____ Date of Birth _____

E-mail Address _____

Daytime Telephone Number _____ Evening _____

Do you hold a National Licence for Road Racing? _____ State Yes or No _____

If you answered 'YES' please state the licence number: _____ Number _____

If you answered 'YES' which federation issued that licence? _____ Federation _____

Please state the expiry date of your licence: _____ Expiry Date _____

NEWCOMER APPLICANTS:

You must submit your completed Record of Mountain Course Training Form with this application form.

YOUR SIGNATURE _____ DATE _____

SECTION 2 – MEDICAL REPORT

TO BE COMPLETED BY ALL APPLICANTS. YOU MUST PAY ANY FEE CHARGED FOR THE MEDICAL EXAMINATION AND FOR THE COMPLETION OF THIS FORM.

TO YOUR DOCTOR: Please read these guidance notes before filling in this section. The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

- Cardio-vascular system:** In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a Cardiologist including the results of any test the Cardiologist considers necessary, must be submitted with the Medical Report form.
- Neurological and psychiatric disorders:** In general applicants with a serious neurological or psychiatric disorder will not be granted a licence. Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.
- Diabetes:** A well-controlled diabetic may be passed as fit to compete. They require evidence from their Consultant Diabetologist, or their own General Practitioner/regular medical attendant if are not under consultant care, that the diabetes is normally well controlled, that they are not subject to hypoglycaemic or hyperglycaemic attacks (no significant episodes in preceding year), that they have no neurological or ophthalmic complication associated with diabetes and that they understand their diabetes, its monitoring and management.
- Limbs:** The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to the ACU medical panel and be subject to "on track" assessment.

1. Are you the applicant's regular medical attendant?	Yes*	No		
Cardio-vascular:				
2. Is there any abnormality of the heart (physical or rhythm)?	Yes*	No		
If 'yes', Is a Cardiologist report or other information attached? (including information on pacemakers and defibrillators)	Yes	No	N/A	
Examinations Findings: Pulse rate: BP SaO2 (if performed) Heart Sound				
3. Does the applicant have hypertension?	Yes	No		
If 'yes' - Do they meet DVLA LGV/PCV Group 2 entitlement requirements? (resting systolic BP consistently less than 180mmHg and/or diastolic less than 100mmHg.)	Yes	No	N/A	
Is all treatment free of any side effects that may interfere with controlling a motorcycle?	Yes	No	N/A	
Neurological:				
4. Does the applicant have epilepsy or any condition which may cause loss of consciousness?	Yes	No		
5. Has the applicant had any loss of consciousness or unexplained fit in the past?	Yes*	No		
6. Is there evidence of any progressive neurological disorder?	Yes*	No		
7. Has the applicant had a CVA / Stroke / TIA in the past?	Yes	No		
If 'yes' - Do they have residual weakness in any limb or other changes that affect control a motorcycle?	Yes	No	N/A	
Are they at increased risk of a further CVA or TIA? Please attach results of appropriate investigations eg carotid artery scans.	Yes	No	N/A	
Diabetes:				
8. Does the applicant have diabetes?	Type 1	Type 2	No	
If 'yes' - Is the diabetes normally well controlled?	Yes*	No	N/A	
Is the applicant subject to episodes of hypoglycaemia or hyperglycaemia? (one or more significant episodes, potentially affecting conscious level, in the preceding year = 'yes')	Yes*	No	N/A	
Are there any signs of neuropathy, retinopathy or other complications that may affect control of a motorcycle?	Yes*	No	N/A	
General:				
9. Is there any evidence of any disease or condition affecting the eyes or ears?	Yes*	No		
10. Does the applicant have any condition which may cause sudden loss of balance or co-ordination?	Yes*	No		
11. Are there any signs of neoplasm which may be liable to metastasise? (please give info on treatment)	Yes*	No		
Limbs:				
12. Are any limbs or parts of limbs missing?	Yes*	No		
Is there any abnormality of power, sensation, co-ordination or movement in any limb?	Yes	No		
Psychiatric/Psychological:				
14. Is the applicant suffering from any psychiatric illness or condition (including ADHD, autism)?	Yes*	No		
If 'yes' - Is a report attached, giving information on the effects of the illness / condition on control and the effects of medication on concentration and whether they are WADA approved?	Yes	No	N/A	
15. Is the applicant dependent on alcohol, drugs or other substances?	Yes*	No		
16. Is the applicant taking medication?	Yes*	No		
If yes, please give full details of medication in the space below. The applicants Doctor/GP is also asked to confirm if there is any reason why the applicant would be unable to participate in motorcycle sport given the medication he/she might be taking.				
17. Do you have any concerns regarding the applicants ability to undertake motorcycle sport (if yes, please give details below).	Yes*	No		

Further Details: Please use this space to give details of any conditions indicated above, particularly those with Yes* answer.

Name and Address of Doctor, including Qualifications and GMC number.
Please use official stamp

Applicant's Name

Date of Birth

Signature of Doctor

Date

GMC No:



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SECTION 3 – PAYMENT (TOTAL PAYMENT £30.00)

Applicants Name _____

I am paying by: Cheque/Postal Order made payable to 'ACU Ltd' Credit or Debit card, give card details below

Card Number

Expiry Date Issue No. Start Date Last 3 Digits on Signature Panel

Cardholder's Name _____ Cardholder's Signature _____