



DISABLED DRIVER GRANT FOR SAFETY EQUIPMENT

DRIVER INFORMATION REQUEST FORM

Please provide the below information to access the following complementary* equipment:

- Protective Clothing – FIA Standard 8856-2018 (overalls, shoes, gloves, underwear & balaclava)
- Fire Extinguisher Systems – FIA Standard 8865-2015
- Safety Fuel Bladders – FT3-1999 / FT3.5-1999 / FT5-1999

DRIVER INFORMATION	
Full name	
National authority	
Grade & Licence no.	
Postal address	
Postcode & City	
Country	
Email address	
Mobile phone no.	
Information on disability / mobility impairment	

MOTOR SPORT / SPONSORING	
Discipline	
Competition/Championship	
Car (make & model)	
Sponsors** (clothing, extinguisher & fuel cell)	

SAFETY EQUIPMENT			
Please tick the applicable box(es) and provide the relevant information			
Clothing	<input type="checkbox"/>	Clothing size:	/ Height: / Weight:
		Shoe size:	/ Glove size:
Fire Extinguisher	<input type="checkbox"/>	Type of fuel:	
Safety Fuel Cell	<input type="checkbox"/>	Type of fuel:	/ General shape:

DATA PROTECTION NOTICE

I hereby acknowledge that the FIA is strongly committed to protecting the privacy of personal data and will use the data hereby provided solely for the intended services and will keep it safely stored for as long as it is relevant for the purposes of the categorization. The FIA will process all personal data according to the EU's General Data Protection Regulation (GDPR) and our Data Privacy Notice is accessible at <https://www.fia.com/data-privacy-notice>. For any queries regarding personal data or to exercise your rights related to the processing of personal data, please contact dpo@fia.com.

WAIVER

I hereby acknowledge (i) that the FIA is not responsible for any defect or damage arising out of or in connection with any defect of said equipment, and (ii) that the FIA is not liable for any loss, cost, expenses, claims, damages, injury or death whatsoever and howsoever caused by said equipment. I understand that this exoneration of responsibility will impede myself from initiating any claim against the FIA.

* Customs clearance costs are the customer's responsibility.

** Please be aware that there will be a media campaign to promote the project. The names of the drivers who will benefit from the devices will however not be published.



DISABLED DRIVER GRANT FOR SAFETY EQUIPMENT

ASN CONFIRMATION FORM

Please provide the information below for your licenced disabled driver to access the following complementary* equipment:

- Protective Clothing – FIA Standard 8856-2018 (overalls, shoes, gloves, underwear & balaclava)
- Fire Extinguisher Systems – FIA Standard 8865-2015
- Safety Fuel Bladders – FT3-1999 / FT3.5-1999 / FT5-1999

ASN – CONTACT DETAILS	
ASN name	
Country	
Name	
Position	
Email address	
Telephone no.	
Signature & ASN stamp	

DRIVER INFORMATION	
Full Name	
Grade & Licence no.	
Email address	
Information on disability / mobility impairment	

Please return the questionnaire to disability@fia.com

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