



2009 WPPA XCAT WORLD SERIES POWERBOAT CHAMPIONSHIP LICENCE APPLICATION FORM

WPPA XCAT LICENCE APPLICANT DETAILS (please write legibly and in CAPITAL LETTERS)	
Team:	Date of Birth:
Race Boat Name& No.	Age in Years:
Full Name:	Gender:
Address:	
	Medical Cert Expiry Date:
Postal Code:	Blood Group:
Tel:	Dunk Test Expiry Date:
Mobile:	National Authority:
Fax :	Previous Licence - Category:
Email:	Previous Licence No:
Home Page:	Year of Issue:
Signature of Applicant over Printed Name:	Date SUBMITTED
FOR WPPA OFFICE USE	DATE ISSUED:
WPPA XCAT LICENCE NO:	AMOUNT PAID:

**DO NOT FORGET TO SUBMIT
2PCS. OF PASSPORT SIZE PHOTOS**