



Speedway Control Bureau
ACU House
Wood Street
Rugby CV21 2YX
Tel: 01788 565603
E-mail: info@scbgb.co.uk

Speedway Meeting Certificate

Issued: February 2018

Track Name:	Meeting Promoter:
Date:	Signature:

As the licensed **CLERK of COURSE** for this Meeting I confirm that all necessary Officials, Marshals and Staff are in attendance and have received appropriate training. Those holding positions that require an SCB Licence are so licensed and they, together with all other Officials and Staff have been briefed in respect of their duties and have been given the opportunity to ask questions and to request PPE (personal protection equipment). I will carry out the Clerk of Course duties as detailed in The Speedway Regulations and will immediately notify the Referee of any request from the Meeting's Chief Medical Officer to delay the Meeting or indeed any other matter that requires the Referee's attention.

Name: Signed:

We the undersigned, being the licensed **MACHINE EXAMINERS** for this Meeting confirm that each Competitors Motorcycle and Personal equipment has been examined and found to conform to The Speedway Regulations. We will carry out the Machine Examiners duties as detailed in Article 14.5 of The Speedway Regulations and will immediately notify the Referee (if appropriate via the Clerk of Course) of any matter that requires the Referee's attention.

Name: Signed:

Name: Signed:

I Being the licensed **TRACK CURATOR** for this Meeting I confirm that all the duties listed in Article 14.14 have been and will continue to be carried out during this Meeting. I confirm the equipment declared below is in full working order and that a supply of dry shale (or sawdust) and spare ABP barriers and inflator are available.

..... Spare APB Barriers Tractors Drivers Graders Harrows Water Bowsers Signed

I(full name) being the **MEETINGS MEDICAL OFFICER** confirm that I have read and understood the SCB Medical Code. (Article 8 of The Speedway Regulations) and confirm the minimum Medical and First Aid cover is met and I agree to inform the Referee (via the Clerk of Course if appropriate) immediately should at any time during the meeting, this not be the case. The numbers of qualified Staff present including myself are:

..... Medical Room(s) Ambulance(s) Doctor(s) Paramedic(s) Technician(s) Driver(s) Attendant(s) First Aider(s)

Signed: GMC / Health Professions Council Reg. No:

Personal Contact Telephone No: Personal E-mail address:

As the licensed **ENVIRONMENTAL MARSHAL** for this Meeting I confirm the standards required by the SCB Environmental Code have been met and the Track Log book is up to date.

The Curfew Time is Name Signed

We, being the licensed **TEAM MANAGERS**, certify that having been given the opportunity to inspect the Circuit, each Team Rider has declared themselves to be correctly equipped and in a fit physical and mental condition to participate:

Home: Name Signed Comments

Away: Name Signed Comments

We being the **TEAM CAPTAINS** certify that all monies due to each member of the Team have been paid as per the Riders Agreement except as listed below

Home: Name Signed

Full Details & Contact No

Away: Name Signed

Full Details & Contact No

The Clerk of Course must ensure this form is completed and handed to the Referee prior to the start of the meeting.