



Vehicle Registration

(For Road Event Officials Only)

To be completed by the Organiser and submitted to BC headquarters in advance of the event.

Retrospective registration will not qualify a vehicle for insurance cover

All drivers must be:

4a British Cycling member 4 aged 21 or over 4 the 'normal insured' driver of the vehicle

Event Name / Title:	Event Date:
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Motor Vehicles

Job Title – 1 (Chief Commissaire)	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title – 2 (Asst Commissaire)	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title – 3 (Asst Commissaire)	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title – 4 (Lead car)	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title – 5 (Lead Car)	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title – 6	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.

Motor Cycle Marshals

(Please Note : All motorcycle drivers must be aged 25 or over)

(For FULLY qualified BC National Escort Group Motorcycle Marshals acting in that capacity who have passed the Part 3 qualification)

1 - Driver's Full Name	Reg. No.	2 - Driver's Full Name	Reg. No.	3 - Driver's Full Name	Reg. No.
4 - Driver's Full Name	Reg. No.	5 - Driver's Full Name	Reg. No.	6 - Driver's Full Name	Reg. No.
7 - Driver's Full Name	Reg. No.	8 - Driver's Full Name	Reg. No.	9 - Driver's Full Name	Reg. No.

Organiser's Full Name:	Signed:	Date:
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Important - Please Note:

Organisers should ensure that all registered drivers comply with the abovementioned conditions.
 If, in the event of a claim, a driver is found not to be compliant with the abovementioned conditions, insurance cover will not be valid.
 The provision of 'comprehensive' motor vehicle insurance cover to nominated event officials is conditional.
 Responsibility for compliance rests with the individual driver.
 Responsibility for registering all drivers requiring insurance rests with the event organiser.
 To keep administration to a minimum receipts will not be issued - please retain your fax transmission slip or email as evidence.

E-MAIL to: insurance@britishcycling.org.uk
 or FAX to: 0870 871 2001

Additional Vehicle Registration

(For Road Event Officials Only)

To be completed by the Organiser and submitted to BC headquarters at least 2 working days in advance of the event.

Important: Retrospective registration will not qualify a vehicle for insurance cover

ALL drivers must be:

4 a British Cycling member 4 aged 21 or over 4 the 'normal insured' driver of the vehicle

Event Name / Title:	Event Date:
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Additional Motor Vehicles

Job Title - 7	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title - 8	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title - 9	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title - 10	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title - 11	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.
Job Title - 12	Driver's Full Name	Date of Birth	BC Membership No.
Vehicle Make & Model			Reg. No.

Additional Motor Cycle Marshals

(Please Note : All motorcycle drivers must be aged 25 or over)

(For FULLY qualified BC National Escort Group Motorcycle Marshals acting in that capacity who have passed the Part 3 qualification)

10 - Driver's Full Name	Reg. No.	11 - Driver's Full Name	Reg. No.	12 - Driver's Full Name	Reg. No.
13 - Driver's Full Name	Reg. No.	14 - Driver's Full Name	Reg. No.	15 - Driver's Full Name	Reg. No.
16 - Driver's Full Name	Reg. No.	17 - Driver's Full Name	Reg. No.	18 - Driver's Full Name	Reg. No.
19 - Driver's Full Name	Reg. No.	20 - Driver's Full Name	Reg. No.	21 - Driver's Full Name	Reg. No.
22 - Driver's Full Name	Reg. No.	23 - Driver's Full Name	Reg. No.	24 - Driver's Full Name	Reg. No.

Organiser's Full Name	Signed	Date
Fax Number	Email address	

For Office Use Only

Insurance of Additional Vehicles Authorised by:

Signed Print Name Date