

jpg photos must be sent for each person listed on the application

## 2025 BENNETTS BSB & SUPPORT CHAMPIONSHIPS OFFICIAL SERVICE/TRADE COMPANY APPLICATION FOR ACCREDITATION

Accreditation will only be given to trade companies that are providing a service **at all the UK events** to multiple teams or companies offering valuable contingency awards to BSB classes.

CHARGE PER APPLICATION\*: £ Price on Application

COMPANY		
ADDRESS		
CONTACT NAME		
MOBILE TEL NR		
EMAIL		
NATURE OF SERVICE PROVIDED TO TEAMS		
TEAMS/RIDERS YOU ARE SUPPORTING IN 2025		
PLEASE GIVE DETAILS OF ANY CONTINGENCY AWARDS YOU OFFER TO COMPETITORS		
SERVICEVEHICLE PASS (PAI Working vehicles are not to be mov	DDOCK ACCESS) ved until the end of the meeting. The	ey are not be used for commuting.
	LE REGISTRATION FOOTPR REQUIR	INT IS THE VEHICLE
PRIVATE CAR PARK PASS No car access will be permitted to t from the paddock team. VEHICLE MAKE / MODEL	the paddock without an unloading pa	ass available for a nominated period of tim

PROVIDING A SERVICE WITHIN THE BSB PADDOCK MEANS THAT <u>ALL UK EVENTS</u> MUST BE ATTENDED. IF YOU ARE UNABLE TO ATTEND AN EVENT FOR ANY REASON PLEASE LET US KNOW BY EMAIL <u>bsb@msvracing.co.uk</u> NO LATER THAN THE MONDAY OF THE EVENT WEEK. FAILURE TO DO SO MAY RESULT IN A FORFEIT OF YOUR ACCREDITATION.

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3 digits on reverse

declare that I am over 18 years		agree to act, at all times, in a	ccordance with the instructions of my	
nmediately should any change fect my ability to carry out my acknowledge that I understand kposed to potential risk inhere ue and proper regard for my sunderstand that all persons ha	cally and ment in my condition duties. If the nature and with motorcafety and that wing any connections.	ally fit to carry out my function occur which I have reason of type of competition and the ycle sport and will undertake of others.	on and that I will inform the organisers or ought to have reason to believe would at in undertaking my duties I may be my function with its associated risks with	ent
		ACCESS REQUEST		
FULL NAME		PADDOCK OR PIT L		
		(Final decision will be with	MSVR)	
LICATION FORM TO bsb@				
			ses will rest with MSVR and may be	)
ETHOD OF PAYMENT				
y BACS, details will be or	n the invoice	supplied		
redit/Debit card (there wi	ll be no fee	for credit or debit cards)	- AMEX not accepted.	
Card Number				
Expiry Date		NI		
Start Date		name of cardholder		
	EG PHOTO OF EVERY PELICATION FORM TO bsb@son  discretion on the type, quified. All passes remain the METHOD OF PAYMENT  y BACS, details will be outed to potential will be outed to potential risk inhered to a potential risk inh	EG PHOTO OF EVERY PERSON LIST LICATION FORM TO bsb@msvracing.soN  discretion on the type, quantities and fied. All passes remain the property of the card Number  get All passes remain the property of the card Number  Expiry Date  Expiry Date	recting ability to carry out my duties. acknowledge that I understand the nature and type of competition and the xposed to potential risk inherent with motorcycle sport and will undertake ue and proper regard for my safety and that of others. understand that all persons having any connection with the promotion and re insured against loss or injury caused through their negligence.  **ACCESS REQUES**  FULL NAME**  **PADDOCK OR PIT L**  (Final decision will be with 1)  (Final decision will be with 1)  **CED TO THE TO	Interdiately should any change in my condition occur which I have reason or ought to have reason to believe would fect my ability to carry out my duties. I may be exposed to potential risk inherent with motorcycle sport and will undertake my function with its associated risks with use and proper regard for my safety and that of others.  Inderstand that all persons having any connection with the promotion and/or organisation and/or conduct of the evere insured against loss or injury caused through their negligence.  FULL NAME  ACCESS REQUESTED PADDOCK OR PIT LANE  (Final decision will be with MSVR)  ACCESS REQUESTED FOR SUPERBIKE CLASS Y/N  ACCESS REQUE

Postcode of cardholder
House no. of cardholder

## 2025 BSB EVENT HEALTH AND SAFETY & PRESENTATION DETAIL

The following information must be completes and submitted with the application. Irrespective of whether details have been submitted in previous years all required information must be submitted with this years application.

COMPANY	
RESPONSIBLE PERSON ON S	SITE DURING BUILD & BREAKDOWN
CONTACT NAME	
CONTACT TEL NR	
MANDATORY HEALTH & SAF	ETY DOCUMENTATION
RISK ASSESSMENTS (Incl fire risks)	Attach copy of Risk Assessments if required for personnel
DUDI IC LIADUITY	Attach copy of PLI Policy (minimum £2,000,000)

Attach copy for constructing and dismantling all temporary

## **SETUP PLAN**

PUBLIC LIABILITY INSURANCE COVER

**METHOD STATEMENTS** 

Please attach a photo of your trade setup with your application or if photos are not yet available please sketch birds eye view plan of van, awning/popups etc.

structures

MSVR require each provider to work with them to maintain a high level of presentation within the paddock

Further information may be required and will be requested directly.