



NAMIBIA MOTOR SPORT FEDERATION

P O Box 5483
Ausspannplatz
Windhoek
Namibia

NMSF BREATH ALCOHOL TEST

Competitor's name: _____ NMSF Lic Number: _____

Title of the event: _____

Venue: _____ Date: _____

NMSF C of C/Steward/ CMO/CMC: _____ Lic Nr: _____

Witness 1: (if any) Position: _____

Witness 2: (if any) Position: _____

Other (if present): Position: _____

Other (if present): Position: _____

In accordance with the NMSF Medical Code, the following competitor must take part of the control (Breath Alcohol Test). The Alcohol control can take place anytime during the event.

The undersigned certifies to have tested the above-mentioned competitor with the following results (N.B Positive Test means >0.00g/L or > 0.00% B.A.C):

Test 1: Positive Negative Result: _____ g/L or % Time: _____

Test 2: Positive Negative Result: _____ g/L or % Time: _____

Competitor's signature: _____

Date: _____ Time: _____

NMSF Jury Pres/ C of C or Race Direction member signature: _____

Witness 2: signature: (if any) _____

Witness 1: signature: (if any) _____

*** Original of this document must be sent to the NMSF Administration ***

*** Copy of this document must be given to the competitor ***



President – D. Tjongarero, **Sec-General** – C. Liebenberg, **VP Motoring** – L. Sauls,
VP Motorcycling – A. Brendel, **VP Touring** – W. Hugo, **Office Administrator/Secretary** – D. Jacobs