

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | |
| **NOTIFICATION OF**  **CYCLE RACE**  **TIME TRIAL -**  **CYCLE RACING ON ROADS REGULATIONS (NI) 1986** | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | |  | | | | | | | |
| District Commander | | | | | | | |  | | | |  | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | |
| (of station nearest to the start of the race) | | | | | | | |  | | | |  | | | | | | | |
|  | | | | | |  | | | | | |  | | | | | | | |
| 1. | Name of proposed  Road Race  Time Trial | | | | | | | | | | |  | | | Grade of Race | | | |  |
|  |  | | | | | | | | | | |  | | | ‘A’ | | |  |  |
| ‘B’ | | |  |
| ‘C’ | | |  |
|  |  | | | | | | | | | | |  | | | | | | | |
| 2. | Date(s) of event | |  | | | | | | | | Time of start | |  | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | |
| 3. | Estimated time of finish | | | |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | |  | | | | | | | |
| 4. | Name and address of organisation/promoter | | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | |
| 5. | Name, address and telephone number of person in charge of  Cycle Race  Time Trial | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | |  | | | | | | | |
| 6. | Name, address and telephone number of person giving notice | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| 7. | Categories eligible to compete | | | | | |  | | | | | | | | | | | | |
| 8. | Number of competitors | | | | | |  | | | | | | | | | | | | |
| 9. | Distance between start and finish | | | | | |  | | | | | | | | | | | | |
| 10. | (a) Location of ‘signing-on’ | | | | | |  | | | | | | | | | | | | |
|  | (b) Location of official race start | | | | | |  | | | | | | | | | | | | |
| 11. | Place of dispersal | | | | | |  | | | | | | | | | | | | |
| 12. | Is the race one of two selected by NI Cycling Federation and Ulster Cycling Federation? | | | | | | | | | | | | | | | | Yes  No | | |
|  | | | | | | | |  | | | |  | | | | | | | |
| 13. | Full description of course *(including all official road numbers and position of primes, if any*) also lengths of road within 40 mph speed limits or below *(if available, attach map).* | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | *(continue on Page 4, if necessary)* | | | |
| 14. | Time trials only | | | | | | | | | | | | | | | |  | | |
|  | (a) Intervals between competitors starting | | | | | | | |  | | | | | | | | | | |
|  | (b) The finish | | |  | | | | | | | | | | | | | | | |
|  | (c) Accredited Marshals will be placed at all points marked (M) in the description of the course and at | | | | | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | | | | |
| 15. | The following named officials of the promoting club will be stationed at or located at | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | (a) The start | | |  | | | | | | | | | | | | | | | |
|  | (b) The finish | | |  | | | | | | | | | | | | | | | |
|  | (c) Accredited Marshals will be placed at all points marked (M) in the description of the course and at | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| 16. | Please confirm that you have included the route map and undertaken the following tasks as part of your application | | | | | | | | | | | | | | | | | | |
| Map provided | | | | | | | | | Accredited Marshalls on all points | | | | | | | | | |
| Local Business/residents contacted along  the route | | | | | | | | | All signage is approved | | | | | | | | | |
| TM plan is in place | | | | | | | | | All participants have received a briefing pack  prior to the event | | | | | | | | | |
| 17. | Signature of Receiving Officer | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | Name, rank, number of Receiving Officer | | | | | | | | | | | | | | | | | | |
|  | Date |  | | | | | | Time |  | | | | | Notification Received. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To:** | **Event Planning Team**        District | | | | |
|  | Please advise of the policing arrangements appropriate in respect of this  Cycle Race  Time Trial. | | | | |
|  |  | | | | |
|  |  | |  | |  |
|  | District Commander | |  | | Date |
|  |  | |  | |  |
| **To:** | **District Commander** | | | | |
|  |  |  | | | |
|  | Report attached for your approval. | | | | |
|  |  | | | | |
|  |  | | |  |  |
|  | Sergeant, Event Planning        District | | |  | Date |
|  |  | |  | |  |
|  |  | |  | |  |
| **To:** | **Event Planning**        District | | | | |
|  |  | | | | |
|  | Approved. Please advise the organiser accordingly.  See attached report. | | | | |
|  |  | | |  |  |
|  | District Commander | | |  | Date |
|  |  | |  | |  |

|  |
| --- |
| Continuation page |
|  |