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|  |
| **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. |

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| **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 |
|  |  |  |  |

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| Continuation page |
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