

# 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 No of Person in Charge of Cycle Race/Time Trial:

\_\_\_\_\_

\_\_\_\_\_

6. Name, Address and Telephone No 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?

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) Marshals will be placed at all points marked (M) in the description of the Course and at:

Start and Finish \_\_\_\_\_

\_\_\_\_\_

15. The following named officials of the promoting club will be stationed at or located at:

\_\_\_\_\_

\_\_\_\_\_

(a) The start: \_\_\_\_\_

(b) The finish: \_\_\_\_\_

(c) Marshals will be placed at all points marked (M) in the description of the Course and at:

\_\_\_\_\_

\_\_\_\_\_

16. Signature of Receiving Officer:

\_\_\_\_\_  
Name, Rank, Number of Receiving Officer

17. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Notification received

**To: Regional Commander, Traffic Branch  
Castlereagh/Maydown/Mahon Road**

\_\_\_\_\_  
District Commander

\_\_\_\_\_  
Date

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**To: District Commander**

\_\_\_\_\_

\_\_\_\_\_  
Chief Inspector  
Regional Commander, Traffic Branch

\_\_\_\_\_  
Date

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**To: Regional Commander, Traffic Branch  
Castlereagh/Maydown/Mahon Road**

\_\_\_\_\_  
District Commander

\_\_\_\_\_  
Date