

FOR OFFICE USE ONLY

FIM License # _____ Date Mailed: _____ Clerk/Coordinator: _____



2013 FIM LICENSE APPLICATION
(Fill out completely - Print or Type)



Name: _____
(First/Middle/Last)

AMA/ATVA Membership #: _____ Exp. Date: _____
(AMA membership must be current through year applying for)

Address: _____

City/State/Zip: _____

Home Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Fax: (_____) _____ Email: _____

Age: _____ Date of Birth (MM/DD/YY): _____

Place of Birth: (City/State/Country) _____

US Citizen: Yes ___ No ___ How long have you lived in the US _____

Nationality: _____

Next of Kin: _____

(Name/Relation/Phone)

License Category Applied For

Enduro _____ Motocross _____
Supercross _____ Road Race _____
Trials _____ Speedway _____
Other _____

Event Information

Date & Location of Event: _____ IMN # _____
(MM/DD/YY) / Country

Event Title: _____

Date of Departure _____

Total Fees Submitted

License Fee \$ _____
Insurance \$130..... \$ _____
AMA Membership \$49 (If Applicable) \$ _____
Total Fees Submitted:..... \$ _____

Applicant's Legal Signature: _____

Method of Payment

Check or Money Order # Enclosed (Payable to AMA): _____ Amount: \$ _____

Credit Card (√ one): ___ Visa ___ MasterCard ___ Discover ___ American Express

Card Number: _____ Exp. Date _____

Cardholder's Name: _____

Cardholder' Signature: _____

Return to: American Motorcyclist Association
AMA Racing
13515 Yarmouth Dr., Pickerington, OH 43147
Ph: 614-856-1910 ext. 1278; Fax: 614-856-1924