



**FIM LICENSE APPLICATION
REQUEST FOR START PERMISSION**
(Fill out completely - Print or Type)



Name: _____
(First/Middle/Last)

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

Address: _____

City/State/Zip: _____

Home Phone: () _____ Cell: () _____

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?: _____

Country in which Passport was issued: _____

Emergency Contact: _____
(Name/Relation/Phone)

Primary Insurance Company: _____

Policy/Group # _____ Policy Holder Name: _____

Address of Insurance Company: _____

City/State/Zip: _____

I understand any injuries sustained at FIM events must be reported to AMA on the first business day following the event.

Allow two weeks for processing of FIM license requests

FIM License Article #: _____ \$ _____ (See 2019 FIM License Fee Table)

Start Permission: IMN: _____, Event Date: _____; Event Type: _____; \$25.00

AMA Membership/Renewal\$49.00

Total Fees Submitted:.....\$ _____

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 – Connie Fleming, 13515 Yarmouth Dr., Pickerington, OH 43147
Ph: 614-856-1910 ext. 1258; Fax: 614-856-1924; email: cfleming@ama-cycle.org**

FIM LICENSE # _____	DATE ISSUED: _____
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