



# AMA ROAD RACE LICENSE ELIGIBILITY QUESTIONNAIRE

Please provide a copy of current license with questionnaire.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Classification Requested:  Mini Cup  Junior Cup  Twins Cup  Supersport  Superbike

Number of Years' Experience in Road Racing: \_\_\_\_\_ Age: \_\_\_\_\_

Make, Model and Displacement of Equipment Used: \_\_\_\_\_

**The certifying organization must complete the Record of Results and sign off on ONE of the statements below:**

The above named rider has competed in our sanctioned events. The above rider **is qualified** to apply for the AMA Racing license indicated above.

Certifying Organization Name and Address: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

I am certifying records on the attached form only and I believe the above rider **is NOT qualified** for the AMA Racing license indicated above.

Certifying Organization Name and Address: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Should you have any questions or concerns, please contact AMA Racing Services Department at 614-856-1900 Ext.1260  
Once this form has been completed, please return it along with the online application number to:

**AMA Racing Services Department  
13515 Yarmouth Drive  
Pickerington, Ohio 43147  
614-856-1900**





## AMA Points Scale

1 <sup>st</sup>		20
2 <sup>nd</sup>		17
3 <sup>rd</sup>		15
4 <sup>th</sup>		13
5 <sup>th</sup>		11
6 <sup>th</sup>		10
7 <sup>th</sup>		9
8 <sup>th</sup>		8
9 <sup>th</sup>		7
10 <sup>th</sup>		6
11 <sup>th</sup>		5
12 <sup>th</sup>		4
13 <sup>th</sup>		3
14 <sup>th</sup>		2
15 <sup>th</sup>		1

**A minimum of five (5) riders per class are required to receive AMA points. Classes with more than five (5) riders and less than ten (10) riders receive points at 50% of the chart value.**