



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



Name (First/MI/Last): _____

AMA/ Membership #: _____ Exp. Date: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Gender: _____ 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 _____

(Email a copy of Passport along with this application)

Primary Insurance Company: _____

(Email a copy of the insurance card along with this application)

Emergency Contact: _____
(Name/Relation/Phone)

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 #: _____ \$ _____

Start Permission: IMN: _____, Event Date: _____; Event Type: _____

Start Permission: IMN: _____, Event Date: _____; Event Type: _____

Start Permission: IMN: _____, Event Date: _____; Event Type: _____

Start Permission: IMN: _____, Event Date: _____; Event Type: _____

Start Permission: IMN: _____, Event Date: _____; Event Type: _____

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

Method of Payment

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; email: cflaming@ama-cycle.org**