

AMA ROAD RACE LICENSE ELIGIBILITY QUESTIONNAIRE

Please provide a copy of current license with questionnaire.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Classification Requested: Junior Cup Twins Cup Supersport Stock 1000 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.1243. 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 st		20
2 nd		17
3 rd		15
4 th		13
5 th		11
6 th		10
7 th		9
8 th		8
9 th		7
10 th		6
11 th		5
12 th		4
13 th		3
14 th		2
15 th		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.