

# AMA ROAD RACE LICENSE ELIGIBILITY QUESTIONNAIRE

Please provide a copy of current license with questionnaire.

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

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

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

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

Classification Requested: ☐ Superstock Limited ☐ Superstock 600 ☐ Supersport ☐ Superbike

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

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.1278. 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**

## RECORD OF RESULTS

[illegible]