



**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.

Signature _____ Date: _____

Allow two weeks for processing of FIM license requests

FIM License Article #: _____ **\$** _____

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

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

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

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

No Objection/Start Permission _____ **\$25**

Event Date: _____ Event Type: _____ Location: _____

Total Fees Approved: \$ _____

An invoice will be emailed to you upon completion. Once paid, the FIM License/Start Permission will be processed.

Please notify Connie Fleming at cfleming@ama-cycle.org when payment has been submitted.