



**FIM LICENSE APPLICATION**  
**Bonneville Motorcycle Speed Trials, Bonneville Salt Flats**  
**August 29-Sept. 2, 2021 - IMN 197/01**  
 (Fill out completely - Print or Type)



Name: \_\_\_\_\_  
 (First/Middle/Last)

AMA/ Membership #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 (AMA membership must be current through year applying for)

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

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

Home Phone: (        ) \_\_\_\_\_ Cell: (        ) \_\_\_\_\_

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

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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 (Name/Relation/Phone)

Primary Insurance Company: \_\_\_\_\_  
 (Email a copy of the insurance card along with this application)

Policy/Group # \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Address of Insurance Company: \_\_\_\_\_

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

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 #: 62 197 11 .....\$ 350.00

AMA Membership/Renewal .....\$49.00

Total Fees Submitted:.....\$ \_\_\_\_\_

**Method of Payment**

Check or Money Order # Enclosed (Payable to AMA) ..... Amount: \$ \_\_\_\_\_

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; Fax: 614-856-1921; email: cfleming@ama-cycle.org**

FIM LICENSE # _____	DATE ISSUED: _____
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