



**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: \_\_\_\_\_

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**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](mailto:cfleming@ama-cycle.org) when payment has been submitted.**