



Welcome to the 2012 Monster Energy AMA Supercross, an FIM World Championship. As a requirement of the FIM, **all Supercross class participants will be required to hold an FIM license.**

The cost of an annual FIM license is approximately \$900.00 depending on the conversion rate at the time of purchase. Feld Motor Sports will continue to provide the FIM license at no cost to the rider for the 2012 Supercross season, however it does not replace or supersede a rider's AMA Supercross License.

To be eligible to have Feld Motor Sports pay for the Annual FIM license a rider must compete in a minimum of three Supercross rounds. If a rider will not be competing in a minimum of three rounds the rider must declare this to AMA Racing when applying for the FIM license. A one event FIM license will be issued and Feld Motor Sports will cover the cost of the one event FIM license.

***If at the end of the 2012 season, a rider has competed in less than three rounds without declaring this prior to the season, resulting in the issuance of an annual FIM license, the rider will be responsible for the fees and will be invoiced the full amount.***

**As a requirement of the FIM License application process, riders must complete and pass a physical prior to being issued a license. This is mandatory and any riders not completing the physical will be prevented from participating. Once the physical and required paperwork have been completed, riders will be issued the FIM License.**

**All applicants must read the FIM Anti-Doping Code, which can be found on [www.fim-live.com](http://www.fim-live.com) or [www.americanmotorcyclist.com/racing/internationalcompetition](http://www.americanmotorcyclist.com/racing/internationalcompetition) before signing the Anti-Doping Code Acknowledgment and Agreement form.**

***Reminder: An FIM License is not required for riders participating in the AMA Supercross Lites class.***

Enclosed you will find the following:

2012 FIM License Application

FIM Medical History and Examination Forms (2)

-History to be completed by participant

-Examination to be completed by physician

Anti-Doping Code Appendix 2:- Acknowledgment and Agreement by the Rider

You will need to complete all of the above paperwork in its entirety and return along with your AMA Supercross license application. FIM licenses will not be issued without the completed paperwork. Contact AMA Racing at 1-800-262-5646

The following checklist will assist you in making sure all paperwork has been completed:

\_\_\_\_\_ **FIM Application**

\_\_\_\_\_ **FIM Medical History Form (completed by participant)**

\_\_\_\_\_ **FIM Medical Examination Form (completed by physician)**

\_\_\_\_\_ **Anti-Doping Code Acknowledgment and Agreement form**

FOR OFFICE USE ONLY

FIM License # \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Clerk/Coordinator: \_\_\_\_\_



2012 FIM LICENSE APPLICATION  
(Fill out completely - Print or Type)



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

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

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

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

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

Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ 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 \_\_\_\_\_

Nationality: \_\_\_\_\_

Next of Kin: \_\_\_\_\_  
(Name/Relation/Phone)

**License Category Applied For**

Enduro	_____	Motocross	_____
Supercross	<b>XXXXXXXX</b>	Road Race	_____
Trials	_____	Speedway	_____
Other	_____		

**Event Information**

Date & Location of Event: **2012 Monster Energy AMA Supercross, FIM World Championship** \_\_\_\_\_ IMN # \_\_\_\_\_

**Total Fees Submitted**

License Fee ..... \$ **No charge**

**Applicant's Legal Signature:** \_\_\_\_\_

**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  
13515 Yarmouth Dr., Pickerington, OH 43147  
Ph: 614-856-1910 ext. 1278; Fax: 614-856-1924**