

**2015 SEASON  
HILLCLIMB ELIGIBILITY QUESTIONNAIRE**



This form is to be used by new applicants and riders wishing to advance from Pro Sport to Expert status or a rider who has not held an AMA Pro Racing Hillclimb license in three or more years. The minimum age for a competition license is 16.

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

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

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

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

Classification Requested: Xtreme \_\_\_\_\_ Unlimited \_\_\_\_\_ Pro Sport \_\_\_\_\_

Number of Years' Experience in Hillclimb: \_\_\_\_\_

Make, Model and Displacement of Equipment Used: \_\_\_\_\_

**The certifying organization must complete the Record of Results on the reverse side of this form and sign off on ONE of the statements below:**

The above named rider has competed in our sanctioned events and holds an amateur classification. Based upon his/her points on the attached list, he/she has demonstrated the ability and experience, and I believe the above rider **is qualified** to apply for an AMA Pro Racing Hillclimb license as requested above.

Certifying Organization Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

I am certifying records of results on the reverse side of this form only, and I believe the above rider **is NOT qualified** to apply for an AMA Pro Racing Hillclimb license.

Certifying Organization Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_  
Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

Should you have any questions or concerns, please contact **Sharon McMillan** in the AMA Pro Racing Member Services Department at 386-492-1014, Ext. #151. Once this form has been completed, please return it along with a completed license application to:

**AMA Pro Racing  
Member Services Department  
525 Fentress Blvd, Suite B  
Daytona Beach, FL 32114**

