



Eligibility Request Form

This form must be used for classes in which machine approval is a prerequisite. The form must be accompanied by three photos - one of each side and one clearly showing the engine - and returned to Eligibility Request, AHRMA National Office, 309 Buffalo Run, Goodlettsville, TN 37072; fax 615.420.6438 or email to dlamberth@ahrma.org. The form must be received at least 14 days before the event in which you want to compete (please allow longer if possible). You will be notified whether your eligibility has been granted or denied.

Member's name _____ AHRMA Member # _____ Date _____

Address _____ City/State/ZIP Code _____

Daytime phone _____ Mobile phone _____

Evening phone _____ Email _____

Racing Category _____

Motorcycle make, Year _____

Model and type _____ Frame number _____ Engine number _____

Displacement _____ # of cylinders _____ Estimated bhp _____

Carburetor brand/type/size (in. or mm) _____

Brake brand/type/size (front & rear) _____

Rim diameter/type/width (front & rear) _____

Class requesting to compete in _____

Brief history of machine/additional comments

(If more space is needed, please attach addition pages to submission)

This section for AHRMA office use only

Request considered by _____

Comments _____

Eligibility _____ Allowed _____ Denied _____ Date _____