



CALIFORNIA ROAD RACE ASSOCIATION 2022

APPLICATION FOR ROAD RACE COMPETITION LICENSE

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
EMAIL: _____
DOB: _____ SEX: _____

TRANSPONDER #: _____
RACE #: _____
ZIP: _____
PHONE #: _____
AGE: _____

EMERGENCY CONTACT: _____
PHONE #: _____
MEDICAL INSURANCE: _____

RELATIONSHIP: _____
POLICY #: _____

MOTORCYCLE: _____
YEAR MAKE MODEL

ANNUAL FEES

License Fee: \$160 Minor:
Reciprocity: \$0
AMA Membership \$49

Total Due: _____

License is valid for the entire 2022 calendar year

PAYMENT INFORMATION

CARD #: _____
EXP. DATE: _____
CVV #: _____
BILLING ZIP: _____
AMOUNT: _____
NAME: _____
SIGNATURE: _____

LICENSES

EXPERIENCED: EXPERT NOVICE

Club & Last Year Raced: _____
Desired Race #: 1) _____ 2) _____ 3) _____

NEW TO RACING: NOVICE

Name of School: _____
Desired Race #: 1) _____ 2) _____ 3) _____

Date of Completion: _____

RENEWAL: EXPERT NOVICE

CRA RACE #: _____

Experienced racers must enclose a copy of your license showing status to bypass a CRA NRS & valid within the last 2 years

New racers must enclose Certificate of Completion of NRS from a approved CRA NRS

Double digit race #'s are reserved Experts!

APPLICANT SIGNATURE: _____

PARENT/GUARDIAN
SIGNATURE: _____

DATE: _____