

To whom it may concern:

The following rider is a currently licensed member in good standing of the _____ and is granted permission to race in the United States of America from _____ through _____.

Name: Name as it appears on passport
UCI ID: 11-digit UCI ID
Nation: NAT 3-letter code
Team/Club: Team or club as listed on license
Category: Foreign license category - generally a number or letter
Class: Example: Elite, Master, Junior

The Cycling Federation further certifies (check one):

- The rider is covered by medical insurance for racing in the country(ies) specified above.
- The rider is not covered by medical insurance for racing in the country(ies) specified above and will provide proof of additional insurance.
- USA option only: The rider is not covered by medical insurance for racing in the country specified above and will purchase a USA Cycling 1-day license per day of racing at \$10 US each.

Sincerely,

Type name here

(signed)

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Note: This document is to appear on Federation letterhead. It may be emailed or presented as a printed version. All fields above are to be completed. It is to be signed.