THE TRINIDAD AND TOBAGO CYCLING FEDERATION

AFFILIATED TO THE

UNION CYCLING INTERNATIONAL

Registration Form

Form # _____

1	Category for which licence is being requsted:					**Year:** **2012**	
	UCI category		Locol category			Blood Type	
2	Surname		First name		Other name(s)		
3	Date of Bihth :	Year / Mth / Day / /	Nationality		Gender	Male / Female	Age , in year of registration
4	Present Address:		Next of Kin		Next of Kin address	Telephone No. (Home)	
			Relationship			Next of Kin Telephone #	
5	Countries where the applicant have other addresses				Name of federation issued the previous license		
6	Has any Federation refuse to issue a license No. Yes If yes,Reason						
7	Name of applicant club				Club Colours		
8	Name of UCI Trade Team				Team Colours		
9	On contract Yes No	Detail of contract attached Yes No		Insured Yes No	Detail of Insurance attached No	Yes	
10	Ever on suspension No Yes	If yes by which Federation		Duration of suspension From To		Detail attached Yes No	

NOTE: Please Attached 2 (TWO) ID size Photographes **P.T.O.**

OFFICIAL USE ONLY

UCI CODE : TRI19……. Competition #

Registration Fee payed Yes No

Treasurer …… Date:……..

Racing Secretary …… Date:……..