



APPLICATION FOR USA CYCLING RECORD

Date: _____ Permit #/Event Name: _____

Name: _____ USAC License # _____

DOB _____ UCI ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Record Application Information:

Location: _____ (Country if not USA): _____

Record Class: (circle all that apply)

Sex: Male Female Mixed **Class:** Junior U23 Elite Master

Age Group: _____

Distances Recognized: (circle all that apply)

Road Individual Time Trial

10km

20km

40km

Road Tandem Time Trial

40km

Track Team Time Trial

3km

4km

Track Flying Start

200m

250m

500m

Track Individual Time Trial

500m

750m

1000m

2000m

3000m

4000m

One Hour

National: Yes ____ No: ____ World: Yes ____ No: ____ Best Performance: Yes ____ No: ____

Old Record: _____ Date: _____

New Record: _____ Date: _____

USA CYCLING, INC.
210 USA CYCLING POINT STE 100
COLORADO SPRINGS, CO 80919-2215
PHONE 719.434.4200
FAX 719.434.4300

Timing Information:

Electronic timing to 1/1000th sec Yes _____ No _____

Hand timing (cumulative) Yes _____ No _____ Number _____

Electronic timing tape or print out included? Yes _____ No _____

Hand timing sheets included? Yes _____ No _____

(At least two valid timings with dates must be submitted with this application.)

Equipment Check:

Was the bicycle inspected prior to attempt? Yes _____ No _____

Did the bicycle conform to UCI specifications? Yes _____ No _____

Signatures: (All must witness attempt)

Chief Referee: _____ License# _____

Print: _____ Date: _____

Chief Timer: _____ License# _____

Print: _____ Date: _____

Other Official: _____ License # _____

Print: _____ Date: _____

Other official: _____ License # _____

USAC OFFICE ONLY

Director of Technical Services: _____ Date: _____

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