**Circuit Homologation Request**

**Motorcycle**

**Circuit Racing (affilated FMN circuit)**

**[Circuit/Description]**

**Venue:**

**Nearest city:**

[name of organisation]

[address]

[zip code] [city]

Phone.:

Fax:

E-Mail: @

Affilated Federation (FMN):

Circuit Owner:

**We herewith apply for homologation of our circuit.**

**Circuit description:**

permanent / non-permanent circuit

circuit length

Version 1 = m

Version 2 = m (if applicable)

Version 3 = m (if applicable)

(please attach circuit map)

Track Contact person:

Phone number:

E-Mail:

Date: Signature\*/Name:

\*not necessary if sent by E-Mail