

USA Cycling Mechanic Upgrade Form

This form is to be used for licensed mechanics upgrading from category three to category two.
Please print out all six pages of this form and fill in all spaces.

Requirement #1 -Mechanic's License

Current USAC Category Three License Number: _____

Requirement #2 - Driver's License

Driving License Number: _____ State: _____ Exp Date: _____

Requirement #3 - Passport

Passport Number: _____ Country: _____ Exp Date: _____

Requirement #4 - 14 Days w/USAC Volunteer Program or Corporate Neutral Program

Event 1

Event Name: _____	Event Date: _____	# of Days: _____
Program Name: _____	Program Contact: _____	
Program Type: Neutral Team ☐	Proof of Service: Phone Number ☐	
	Letter Attached ☐	

Event 2

Event Name: _____	Event Date: _____	# of Days: _____
Program Name: _____	Program Contact: _____	
Program Type: Neutral Team ☐	Proof of Service: Phone Number ☐	
	Letter Attached ☐	

Event 3

Event Name: _____	Event Date: _____	# of Days: _____
Program Name: _____	Program Contact: _____	
Program Type: Neutral Team ☐	Proof of Service: Phone Number ☐	
	Letter Attached ☐	

Event 4

Event Name: _____	Event Date: _____	# of Days: _____
Program Name: _____	Program Contact: _____	
Program Type: Neutral Team ☐	Proof of Service: Phone Number ☐	
	Letter Attached ☐	

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Requirement #5 - 2 Category A/B Stage Races

Event 1

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 2

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Requirement #6 - 30 days as Neutral Mechanic

Event 1

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 2

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 3

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 4

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

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Requirement #6 - 30 days as Neutral Mechanic

Event 5

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 6

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 7

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 8

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 9

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 10

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

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Requirement #6 - 30 days as Neutral Mechanic

Event 11

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 12

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 13

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 14

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Requirement #7 - 5 Days as Team Mechanic

Event 1

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

Event 2

Event Name:	_____	Event Date:	_____	# of Days:	____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐	_____	
	Team ☐		Letter Attached ☐	_____	

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Requirement #7 - 5 Days as Team Mechanic

Event 3

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Event 4

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Event 5

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Requirement #8 - 5 Days Mechanic at Pro MTB Tour Events

Event 1

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Event 2

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Event 3

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

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Requirement #8 - 5 Days Mechanic at Pro MTB Tour Events

Event 4

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

Event 5

Event Name:	_____	Event Date:	_____	# of Days:	_____
Program Name:	_____	Program Contact:	_____		
Program Type:	Neutral ☐	Proof of Service:	Phone Number ☐		
	Team ☐		Letter Attached ☐		

If attempting to upgrade from category four to category two, please fill out this form and the form for upgrades from category four to category three. Submit both forms together.

Note:

This form must be mailed along with any letters or other articles to
Note: USA Cycling. This form will not be accepted by fax or email.

Mailing Address and Contact Information

USA Cycling
Attn: Head Mechanic
210 USA Cycling Point, Ste. 100
Colorado Springs, CO 80919

USA Cycling at (719) 434-4200 or see www.usacycling.org/mechanics