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CHANGES DURING THE SEASON
UCI CONTINENTAL OR WOMEN'S TEAM 2015

National Federation responsible for the Continental / Women's Team and name of the person in charge of the file	Exact name of the Continental / Women's Team

● ADDITION OF ● REMOVAL OF

☐ Rider ☐ Other person (please specify his/her post

Personal details and address of official residence (Please spell names correctly and fill in the correct date of birth in order to expedite the process.)	
Last name	
First name	
Date of birth *(dd/mm/yy)*	Day / Month /
Nationality	
Federation issuing the license *(licence issued by the Federation of the country where the applicant has his main residence, art. 1.1.011)*	
Street	
City	
Postal Code	
Country	
Phone	+
E-mail	

I confirm that my National Federation has fully executed the checking procedure provided for under the UCI regulations and that the minimum criteria as per the UCI regulations are respected	
Date *(dd/mm/yy)*	Day / Month /
Stamp of the Federation	
Signature of the President of the Federation *preceded by the handwritten mention "verified and deemed in conformity with the applicable provisions"*	

Important notes: When transferring teams, the rider must first be removed from the current team before being transferred to the new team.
Changes will not be made unless this form is duly signed and stamped by the NF President. It must be sent to the UCI directly from the National Federation.

The **ORIGINAL** form must be returned to the UCI by **POSTAL MAIL** (authentic originals)