



Please fill all forms with Acrobat Reader !!

Name and Address

I am already member of the IBA and my **IBA-Number** is:

Name, Address, Phone-Number:
(where to send the certificate)

Email:

Year of birth (just for statistics):

IBA-Ride to get certified

IBA Ride Classic

Special Ride

IBA Ride Plus

Date of the Ride

Ridden Mileage >>>

On your odometer:

On GPS:

I rode with pillion:

I rode with rider:

Special events during the ride:



General information for the certificate:

Your name:

(e.g. Claus Peter Miller or Claus P. Miller or CP Miller or CPM as nickname ...)

Your Motorbike

(e.g. Kawasaki 1400GTR or Kawa 1400GTR or 1400GTR...)

Start date:

(e.g. 05.08.2022 or 5. August 2022...)

Please print the names of the stopovers/cities for the certificate:

Start:

Stopover 1:

Stopover 2:

Stopover 3:

Stopover 4:

Stopover 5: *(only SS 3000 or higher)*

Stopover 6: *(only SS 3000 or higher)*

Finish:

Last but not least you need to confirm the correctness of all statements in this document:

I, , accept the rules and herewith conform that I made the statements in this document in all conscience.

(Place, Date)

(Signature or Name)

This document has been created digitally and is valid without a signature.