



5:18:00

UNITED STATES SOCCER FEDERATION
APPLICATION FOR INTERNATIONAL CLEARANCE

MALE []
FEMALE []

A. BIOGRAPHICAL INFORMATION
(Type or print clearly)

LAST NAME FIRST NAME MIDDLE INITIAL MOTHERS MAIDEN NAME

PERMANENT ADDRESS

PRESENT ADDRESS (IF DIFFERENT FROM PERMANENT)

MONTH DAY YEAR

DATE OF BIRTH PLACE OF BIRTH (CITY & STATE) COUNTRY

SOCIAL SECURITY NUMBER TELEPHONE NUMBER CONTACT NUMBER IN U.S.

B. REQUEST FOR INTERNATIONAL TRANSFER CERTIFICATE

LAST CLUB PLAYED FOR LEAGUE COUNTRY

DATE OF LAST GAME PROFESSIONAL/AMATEUR DATE CLEARANCE REQUESTED

C. ISSUE INTERNATIONAL TRANSFER CERTIFICATE

CLUB WISHING TO PARTICIPATE WITH LEAGUE COUNTRY

LAST CLUB PLAYED FOR LEAGUE PROFESSIONAL/AMATEUR

I hereby confirm all of the above information to be correct. I also confirm that I am presently not under professional contract to any other team (domestic or foreign) and I am not under suspension by any member organization of the United States Soccer Federation, Inc.

SIGNATURE OF PLAYER

DATE

U.S. Soccer House 1801-1811 S. Prairie Avenue Chicago, Illinois 60616
Telephone (312) 808-1300 Telefax (312) 808-1301 E-Mail SOCFED@aol.com

Registration Direct Fax (312)808-9263