



USA BOXING

New Level 2 Certification Form

(PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY)

Name: _____

Name of Association: _____ LBC # _____

Current Registration # _____ Date: _____

REQUIREMENTS**VALIDATION**

1). List past registration numbers and dates of registration within the last 24 months

1st Year Registration # _____ Date obtained _____

2nd Year Registration # _____ Date obtained _____

2). Proof of Certification within the last 24 months (*print the name of the clinician who gave the clinic*)

Clinician _____ Clinic Date _____

3). Worked an Association or Regional advancing tournament

Location _____ Tournament Date _____

4). Passed Level 2 Examination with minimum score of 80% Test Score: _____ %

Certified as:

Referee: _____ Judge: _____ Timekeeper: _____ Clerk: _____

Clinician's Signature

Date

All the above requirements have been met and verified:

LBC President's Signature

Date

LBC Chief of Officials Signature

Date