



USA BOXING
New Level 3 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 36 months

1st Year Registration # _____ Date obtained _____

2nd Year Registration # _____ Date obtained _____

3rd 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 a Regional or National Tournaments within the 24 months

Location _____ Tournament Date _____

4). Passed Level 3 Examination with minimum score of 90% Test Score: _____ %

5). Active official at the LBC level within the last 24 months

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