



USA BOXING
Level 2 Maintenance Form

(PLEASE PRINT ALL INFORMATION CLEARLY AND LEGIBLY)

Name: _____

Name of Association: _____ LBC # _____

Current Registration # _____ Date: _____

REQUIREMENTS

VALIDATION

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

Clinician _____ Clinic Date _____

2). Worked a Regional advancing tournament within the last 24 months

Location _____ Tournament Date _____

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

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

Maintained Certification as:

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

Clinician's Signature

Date

All the above requirements have been met and verified:

Official's Signature

Date

LBC Chief of Officials Signature

Date