



# USA Boxing Official's Certification/Maintenance/Elevation Form

(Please print all information clearly and legibly & turn in completed form to your LBC Chief of Officials)

Date: \_\_\_\_\_ OCN: \_\_\_\_\_

Official's Name: \_\_\_\_\_ Registration # \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

LBC Name: \_\_\_\_\_ LBC # \_\_\_\_\_

### **Certification – Maintenance – Elevation** (check-off appropriate spaces)

Certification Clinic: \_\_\_\_\_ Maintenance of Current Level Exam: \_\_\_\_\_ Elevation of Level: \_\_\_\_\_

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_ Test Score: \_\_\_\_\_ %

Certified as: Clerk: \_\_\_\_\_ Timekeeper: \_\_\_\_\_ Judge: \_\_\_\_\_ Referee: \_\_\_\_\_

Clinician: \_\_\_\_\_ Location: \_\_\_\_\_  
(print name)

### **List Past Registration #'s**

1<sup>st</sup> Previous Year: \_\_\_\_\_

2<sup>nd</sup> Previous Year: \_\_\_\_\_

3<sup>rd</sup> Previous Year: \_\_\_\_\_

### **List Date(s) You Obtained Each Level**

Level 1: \_\_\_\_\_

Level 2: \_\_\_\_\_

Level 3: \_\_\_\_\_

### **Requirements Met In Past 24 Months**

Worked LBC Advancing Tournament Location: \_\_\_\_\_ Date: \_\_\_\_\_

Worked Regional Advancing Tournament Location: \_\_\_\_\_ Date: \_\_\_\_\_

Worked National Advancing Tournament Location: \_\_\_\_\_ Date: \_\_\_\_\_

Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **All Above Requirements Have Been Met and Verified**

Official has been an active official within the LBC: Yes \_\_\_ No \_\_\_ COO's Initials: \_\_\_\_\_

LBC President: \_\_\_\_\_ Date: \_\_\_\_\_

LBC Chief of Officials: \_\_\_\_\_ Date: \_\_\_\_\_