

# OFFICIALS REFERRAL FORM

DATE: \_\_\_\_\_

To Chief of Officials \_\_\_\_\_  
Year and Event

This is to certify that \_\_\_\_\_ is a Level \_\_\_\_\_  
Official and competent to work the tournament listed above. This official will only be permitted  
to work in the capacity recommended by their LBC President and Chief of Officials.

Date of (re)certification clinic  
within the last 24 months: \_\_\_\_\_ OCN # \_\_\_\_\_

Name of Clinician: \_\_\_\_\_

\_\_\_\_\_ I will: \_\_\_\_\_  
USA Boxing Registration # Referee Judge Timer C/T

## LAST 5 REGIONAL OR NATIONAL EVENTS WORKED:

| <u>YEAR</u> | <u>EVENT</u> | <u>LOCATION</u> |
|-------------|--------------|-----------------|
| _____       | _____        | _____           |
| _____       | _____        | _____           |
| _____       | _____        | _____           |
| _____       | _____        | _____           |
| _____       | _____        | _____           |

LBC PRESIDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

LBC CHIEF OF OFFICIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

This form must be legibly signed by both LBC President and Chief of Officials in order  
for official to be allowed to work.