

Hawaiian Officials Committee Request for Certification

Date submitted: _____

NAME: _____ CLUB: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: (808) _____ WORK PHONE: (808) _____

FAX: (808) _____ EMAIL: _____

CURRENTLY CERTIFIED: YES ___ NO ___ If yes: card no. _____ expiration date: _____

REQUEST FOR WHAT LEVEL OF CERTIFICATION: _____
(Stroke/Turn; Starter; Referee, etc.)

Certification can be given for Timer, Chief Timer, Announcer, Equipment Operator, Timing Judge, Clerk of Course, Administrative Referee, Stroke and Turn Judge, Chief Judge, Starter, Referee/non-starter, and Referee.

CLINICS ATTENDED: (Please list any other clinics on the back of this sheet)

Location	Date	Position Trained for	Signature of Instructor

Officiated at: ¹ (Please list any other meets on the back of this sheet)

Meet	Date	Position Worked	Evaluation S (satisfactory) T(needs further training)	SIGNATURE OF KEY OFFICIAL
1.				
2.				
3.				
4.				
5.				

¹ Note: Key Official who signs this application must be certified in her/his respective areas of responsibility.

