Sample Officials Certification Card (tri-fold)

Officials Certification/Recertification Clinic attended/conducted:

DATE	HOST	POSITION(S)	SESSIONS	INSTR. SIGNATURE

This is to certify that

_____

has been approved as a swimming official by PACIFIC SWIMMING

_____

Pacific Officials Chair

Position(s) certified	**Level**					**Expires on last day of**			
Referee	1	2	3	4	5	2000	2001	2002	2003
Starter	1	2	3	4	5	2000	2001	2002	2003
S & T Judge	1	2	3	4	5	2000	2001	2002	2003
Chief S & T Judge	1	2	3	4	5	2000	2001	2002	2003

Administrative Referee _____ Chief Timer _____ Timer _____

Meet Director _____ Clerk of Course _____ Announcer _____

Equipment Operator _____ Marshall _____ Timing Judge _____

Head Desk _____ Desk _____

PACIFIC SWIMMING - 2001

RECORD OF OFFICIATING SERVICE AND CERTIFICATION

NAME _____ ZONE _____

Bring this card to every USA Swimming meet at which you serve. Have the Meet Referee or his/her designee sign for the sessions that you work to verify your service.

DATE	HOST	POSITION(S)	SESSIONS	REF. SIGNATURE

Record clinics attended on other side.

Send to Officials Chair when complete or at end of the year.