



LEVEL II OFFICIALS ELEVATION/MAINTENANCE TRANSMITTAL
Clinician must send transmittal to USA Boxing



DATE: _____ OCN# _____ NAME OF LBC: _____ LBC# _____

NAME OF CLINICIAN(S): _____ CLINIC LOCATION: _____

Maximum of 3 Clinicians

Print All Information Clearly and Legibly

Check Boxes That Apply and Print Current Registration Number

Print Name/DOB & Email Clearly	Print Complete Address & Contact Number Clearly	EL	MA	Current Registration #	R	J	T	C	Score
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								%

LEGEND: EL - Elevated Official MA - Maintenance R - Referee J - Judge T - Timekeeper C - Clerk

Revised: 02/25/15 brv