



Official's Certification/Maintenance/Elevation Form
(Level II Only)

Part I (To be filled in by Official)

Official's Name (print): _____ Date: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
LBC Name: _____ LBC #: _____
Member Number: _____ Current Level: _____ Date Obtained: _____
Official's Signature: _____ Date: _____

Part II (To be filled in by LBC Chief of Officials)

To verify that this member has met requirements to elevate to or maintain a Level II certification

Active within their own LBC: Yes No
Worked Regional Tournament: Yes No Location: _____ Date: _____
LBC COO (print): _____ Signature: _____ Date: _____

Part III (To be filled in by "Clinician" Administering Clinic and/or Level Examination)

Clinics will not be conducted at National Tournaments

OCN: _____ Location of clinic: _____ Date: _____
Elevation Maintenance Level II test: Pass Fail Test score(%): _____
Certified as: Referee Judge Timekeeper Clerk

Clinician Name (please print): _____
Clinician's Signature: _____

