



LEVEL NEW OFFICIALS/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		New	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: New - New Official MA - Maintenance R - Referee J - Judge T - Timekeeper C - Clerk

Revised: 02/25/15 brv