



**LEVEL I 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*

<b>Print Name/DOB &amp; Email Clearly</b>	<b>Print Complete Address &amp; Contact Number Clearly</b>	<b>New</b>	<b>MA</b>	<b>Current Registration #</b>	<b>R</b>	<b>J</b>	<b>T</b>	<b>C</b>	<b>Score</b>
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								
Name:	Street:								
DOB:	City/State:								
Email:	Phone:								
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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