



USA Boxing Official's Level III Exam Admission Verification Form

Parts I & II **MUST** be completed & verified to take this examination

A clinic is not given for this examination

Part I - Filled in by Official

List Last Certification Clinic OCN: _____

Official's Name (print): _____ Date of Birth _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone : _____ Email: _____

LBC Name: _____ LBC #: _____

Current Registration # _____ **Date Obtained:** _____

Prior Year Registration # _____ **Date Obtained:** _____

Prior Year Registration # _____ **Date Obtained:** _____

Current Level: _____ **Date Obtained:** _____

Previous Level: _____ **Date Obtained:** _____

Previous Level: _____ **Date Obtained:** _____

Official's Signature: _____ **Date:** _____

Part II - Filled in by LBC Chief Of Officials *(Requirements in the Past 24 Months Must Have Been Met and Verified)*

Active within their own LBC: Yes: ____ No: ____ Last Certification Date: _____

Worked LBC Advancing Tournament: Yes: ____ No: ____ Location: _____ Date: _____

Worked Regional Advancing Tournament: Yes: ____ No: ____ Location: _____ Date: _____

Worked National Tournament: Yes: ____ No: ____ Location: _____ Date: _____

LBC COO (Print): _____ Signature: _____ Date: _____

LBC President (Print): _____ Signature: _____ Date: _____

Part III - Filled in by AIBA Official Administering this Level III Examination

ONLY OFFERED AT: Junior/Youth Open, USAB Elite National Championships, USAB Championships, National PAL, National Golden Gloves & National Silver Gloves

Location of Exam _____ **Date:** _____

Elevation OR Maintenance *(Circle one)* Pass _____ Fail _____ Exam Score _____ %

Certified as: Referee: _____ Judge: _____ Timekeeper: _____ Clerk: _____

Examiner (Print) _____ **Signature:** _____

AIBA Examiner will fax/mail/email EAV form with Transmittal to USA Boxing