

OFFICIALS REFERRAL FORM

DATE: _____

To Chief of Officials _____
Year and Event

This is to certify that _____ is a Level _____
Official and competent to work the tournament listed above. This official will only be permitted
to work in the capacity recommended by their LBC President and Chief of Officials.

Date of (re)certification clinic
within the last 24 months: _____ OCN # _____

Name of Clinician: _____

_____ I will: _____
USA Boxing Registration # Referee Judge Timer C/T

LAST 5 REGIONAL OR NATIONAL EVENTS WORKED:

<u>YEAR</u>	<u>EVENT</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LBC PRESIDENT: _____ DATE: _____

LBC CHIEF OF OFFICIALS: _____ DATE: _____

This form must be legibly signed by both LBC President and Chief of Officials in order
for official to be allowed to work.