

PVS OFFICIAL'S CERTIFICATION APPLICATION



Name _____

Address _____

Club _____ Phone _____

I have fulfilled PVS established requirements to certify as Operator of:

Electronic Timing System _____ Hy-Tek _____

I (a) have attended the appropriate PVS sanctioned or approved clinic as indicated below, (b) have personally performed at least **five training sessions** under supervision, (c) received a favorable evaluation (attached).

Meet	Date	Referee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I pledge whenever serving or presenting myself as an official to conduct myself in a professional manner, to keep abreast of the latest rules and procedures of both USA-S and PVS, to enforce the rules fairly and impartially, to remember that the rules are for the protection of the athlete, and to maintain an attitude of sportsmanship. I have also read the PVS Officials Code of Conduct and agree to be bound by it.

Applicant's Signature _____

E-mail address _____

Clinic Date _____ Location _____

Name to appear on Nametag _____

Scan this card and email to OfficialsCertification@pvs swim.org or

Mail this card to the PVS Certification Officer

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