



# Application

## NATIONAL N2 and N3 CERTIFICATION

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## NATIONAL N2 and N3 CERTIFICATION RENEWAL

**Name:** \_\_\_\_\_ **USA-S Reg N<sup>o</sup>:** \_\_\_\_\_ **LSC Code:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Check if Life Member**

**City:** \_\_\_\_\_, **State:** \_\_\_\_\_, **Zip** \_\_\_\_\_ - \_\_\_\_\_,

**Telephone:** home: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ ; work: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**e-mail:** \_\_\_\_\_@\_\_\_\_\_.

<b>Current Certifications:</b>	Check all positions that apply at LSC level and highest of N2 or N3, if applicable, for each position.	Expiry Date	Years in highest Position
LSC <input type="checkbox"/> S&T, <input type="checkbox"/> Chief Judge, <input type="checkbox"/> Starter, <input type="checkbox"/> Referee, <input type="checkbox"/> Admin Referee		_____	_____
National Level 2 (N2) <input type="checkbox"/> S&T, <input type="checkbox"/> Chief Judge, <input type="checkbox"/> Starter, <input type="checkbox"/> Referee, <input type="checkbox"/> Admin Referee		_____	_____
National Level 3 (N3) <input type="checkbox"/> S&T, <input type="checkbox"/> Chief Judge, <input type="checkbox"/> Starter, <input type="checkbox"/> Referee, <input type="checkbox"/> Admin Referee		_____	_____

**APPLICATION:** You may apply for recertification in all Current N2 and N3 positions and any new N2 or N3 certifications for which you qualify and, if required, document.

**Recertification** (applies to all current N2 and N3 positions if all recertification requirements are met)

**New Certifications** at  N2 -  S&T,  Chief Judge,  Starter,  Referee or  Admin Referee  
 N3 -  S&T,  Chief Judge,  Starter,  Referee or  Admin Referee

**For Recertification and New Certification - (General - N2 and N3)**

**You must be able to check ALL of the following boxes to certify or re certify.**

I certify that I have officiated at least a total of 12 sessions at  different “LSC Level” meets in the 24 months prior to this application and that I am currently certified as an official in a USA Swimming LSC. (6 meets to certify – 4 to re-certify)

I certify that I have officiated at the “Qualifying” or “National Championship” meets, listed on page 2 of this form, in the 24 months prior to this application. (A minimum of two meets is required for N2 and N3 re-certification.)

I certify that I attended or taught at the clinics or seminars, related to officiating swimming, listed on page 2 of this form, in the 24 months prior to this application. (At least one required for N2 and N3 re-certification or N3 certification.)

I certify that I have performed Mentoring activities, listed on page 2 of this form, in the 24 months prior to this application. (At least one per year for N2 and N3 re-certification or N3 certification.)

I certify that I have recently read, and am familiar with, the applicable sections of the current version of the Officials Manual published in the Officials section of the USA Swimming web pages.

\*  
 \_\_\_\_\_  
*Applicant's Signature*                      *Recommended by LSC Officials Chair - Signature*

\*If the Officials Chair's signature is not possible, explain why in "Comments" and have the form signed by a N3 Referee or National Mentor. Provide evidence of LSC type participation.

Forward completed application, together with any relevant evaluations and \$5:00 to: **Member Services, USA Swimming**  
**1 Olympic Plaza, Colorado Springs, CO 80909**

# USA SWIMMING

## Application for Officials National N2 and N3 Certification & National N2 and N3 Certification Renewal

**I have officiated at the following “Qualifying” or “National Championship” meets in the 24 months prior to this application:**

**For N2 and N3 Re-certification and Advancement to N3. For Advancement to N2, list meet where evaluation was done.**

“Qualifying” or “National Championship” Meet, Date, LSC of Meet (in the 24 months prior to this application – at least 2 meets required to advance to N3 or to recertify at N2 and N3)	Total N <sup>o</sup> of sessions worked	Position Worked	N <sup>o</sup> of Full Sessions in Position	Evaluated by:	Evaluator Signature (Or attach written evaluations.- Required for advancement to CJ, Starter or Referee)
1. Meet: _____, date: __/__/____, LSC: __					
2. Meet: _____, date: __/__/____, LSC: __					
3. Meet: _____, date: __/__/____, LSC: __					
4. Meet: _____, date: __/__/____, LSC: __					

**I have attended or taught the following clinics in the 24 months prior to this application (at least one clinic for N2 or N3 re-certification or for advancement):**

1. Date: __/__/____	Location:	Description:
2. Date: __/__/____	Location:	Description:
3. Date: __/__/____	Location:	Description:

**For Re-certification at, and Advancement to N3:** I have performed the following Mentoring activities over the last 24 months (at least one per year to re-certify and advance):

1. Date: __/__/____	Location:	Description:
2. Date: __/__/____	Location:	Description:
3. Date: __/__/____	Location:	Description:
4. Date: __/__/____	Location:	Description:

**Other Comments (if any) in support of this application:**