



# USA Powerlifting Mississippi Record Application

Name of Contest: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

USAPL: \_\_\_\_\_ Age(on last birthday)\* \_\_\_\_\_ Body Wt: \_\_\_\_\_ Wt Class: \_\_\_\_\_

\*Birth Certificate or Government Issued Photo ID is required for proof of age when setting: Teenage, Junior, Master and Collegiate Records.

**Place the Record Category number(s) (1-5) on the blank(s) under the Number Code which correspond to the type of record(s) set. USE ONE FORM FOR ALL RECORD LIFTS.**

| Record Category | Key Code | Record(s) Set  | FULL MEET <input type="checkbox"/> | SINGLE-LIFT <input type="checkbox"/> | Equipped                      | Raw                      |
|-----------------|----------|----------------|------------------------------------|--------------------------------------|-------------------------------|--------------------------|
| 1. Open         | _____    | Squat _____    | Kgs x 2.2046 = _____               | _____                                | .lbs <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Teenage      | _____    | Bench _____    | Kgs x 2.2046 = _____               | _____                                | .lbs <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Junior       | _____    | Deadlift _____ | Kgs x 2.2046 = _____               | _____                                | .lbs <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Master       | _____    | Total _____    | Kgs x 2.2046 = _____               | _____                                | .lbs <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Collegiate*  |          |                |                                    |                                      |                               |                          |

\*Proof of full time collegiate status 'in good standing' required.

**Official Statement:** We, the undersigned, have witnessed the accredited performance of the above lift(s) according to the rules of the USAPL. The lifter was weighed-in within two hours of the competition, the lifter and equipment/attire were checked according to said rules, and all have been found to be in order. We are current members in good standing with the USAPL and certified USAPL Referees.

| Referee's Signature      | State                    | NAT'L                          | Squat                          | Bench                    | Deadlift                 | Total                    |
|--------------------------|--------------------------|--------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|
| _____                    | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                    | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                    | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                    | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____                    | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Official Weigher: _____  | <input type="checkbox"/> | <input type="checkbox"/>       |                                |                          |                          |                          |
| Drug Test Officer: _____ | (Check one)              | Urine <input type="checkbox"/> | Blood <input type="checkbox"/> |                          |                          |                          |
| Meet Director: _____     |                          |                                |                                |                          |                          |                          |

\*If only a Total Record was set, three duly certified referees must have been present at the meet and sign this form.

**Athlete's Signature:** \_\_\_\_\_

**Meet Director's Name:** \_\_\_\_\_ **Meet Director Phone#:** \_\_\_\_\_

**This form must be accompanied by the following items within 30 days of the meet to be accepted:**

- Meet Results Link
- USAPL Meet Sanction Number
- Birth Certificate or Government Issued Photo ID (For Age Records)

THE **COMPLETE** APPLICATION MUST BE SENT TO Jeff Douglas WITHIN **30 DAYS** OF THIS MEET  
Jeff Douglas 30 B Hunter Lane Hattiesburg,MS 39402  
(601)818-3201 | (318)251-9899 fax