

USPF STATE RECORD APPLICATION

~State Records require 3 USPF Referees with current membership.~

~Meet Directors must send the meet results to the USPF State Chair for the state in which they reside within 14 days for verification prior to new records and certificates being issued.~

~State Record Applications must be sent to the State Records Chair for the state in which they reside within 30 days of the date of the record being set.~

Please print clearly.

Name _____ Male or Female _____

Address _____ City _____ State _____ Zip _____

Birth Date & Year _____ Phone _____ Email _____

Age Day of Meet _____ Meet Date _____ Body Weight _____ Weight Class _____

Registered USPF Membership Card # _____ Expiration Date _____

Name of Competition _____ USPF Sanction# _____

Location (City & State) _____ Meet Director _____

Military Branch (for Military Records only ~ active duty only) _____

Police or Fire Department Name (for Police/Fire Records only) _____

Check division entered::

____ RAW K/S DIV. 3 ____ RAW K/W DIV. 4 ____ SINGLE PLY DIV. 1 ____ MULTI PLY DIV. 2

Check the event(s) you entered and enter your record weight (Be sure to mark Kilos or Pounds.):

____ Full Power Meet: Squat _____ Bench Press _____ Deadlift _____ Total _____

____ Push/Pull Meet: Bench Press _____ Deadlift _____ Total _____

____ Single Lift Bench Press Meet: Bench _____

____ Single Lift Deadlift Meet: Deadlift _____

Circle category entered (if more than one category was entered, please fill out separate applications for each category):

Open SubMasters
Teen: 13-15 16-17 18-19 Juniors (20-23)
Masters: 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80+
High School Collegiate Military Police Fire

Total # of records on this application: _____

Do you want a Certificate(s)? Yes or No (If neither is circled, no certificate will be issued.)

**PDF emailed to you ~ FREE (Use your choice of types of papers.)*

**Paper Certificate mailed first class ~ \$5 (Printed on parchment paper. PayPal available online or send check/money order payable to Sheri Hartmann and send to address below.)*

Full Power Only: Is this a new Lifter Classification for you? _____ (You will need to fill out a Lifter Classification Application form.)

All three (3) Referees' & Weigh-In Official's signatures are required along with rank circled:

Referee _____ (Rank: State, National, or International)

Referee _____ (Rank: State, National, or International)

Referee _____ (Rank: State, National, or International)

Weigh-In Official _____ (Rank: State, National, or International)

Athlete's Signature: _____ Date: _____

Please send completed application(s) to:

USPF State Chair for the state in which you reside.

If none, send to:

USPF American Records & Classification Awards Chairs

~Sheri Hartmann~

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