





~American Records require at least 2 of the 3 USPF Referees (all 3 must have current memberships and be Official USPF Referees) ranked at a National or International level.~

~Meet Directors must send the meet results to the American Records Chair <u>within 14 days</u> for verification prior to new records and certificates being issued.~

~American Record Applications must be sent to the American Records Chair <u>within 30 days</u> of the date of the record being set. ~ <u>Please print clearly</u>.

Name			Male or I	Female
Address		_City	State	Zip
Birth Date & Year	Phone	Email		
Age Day of Meet N	Meet Date	Body Weight	Weight Clas	SS
Registered USPF Members	hip Card #	Expiration Date		
Name of Competition			USPF Sanctic	on#
Location (City & State)		Meet Directo	or	
Military Branch (for Milita	ry Records only ~ ac	tive duty only)		
Police or Fire Department	Name (for Police/Fi	ire Records only)		
Check the division <u>y</u>	<u>ou entered</u> :			
RAW K/S DIVISION 3	(Knee Sleeves or N	o Aids)		
RAW K/W DIVISION Squat)	4 (Knee Wraps MU s	ST be worn for Squat & is	s <u>ONLY</u> offered in	n Full Power & S/L
SINGLE PLY ~ DIVISIO	ON 1MULT	I PLY ~ DIVISON 2		
Check the event(s) <u>y</u> can be entered only if to write lbs. if used):				
Full Power Meet: Squ	lat Bench Pr	ess Deadlift	Total	
Push/Pull Meet: Bend	ch Press Dea	dlift Total		
Single Lift Squat Meet	:: Squat	Single Lift Bench	Press Meet: Bei	nch
Single Lift Deadlift Me	et: Deadlift	-		
Preteen: 9-10 11 Masters: 40-44	ns for each cate IbMasters	egory): : 13-15 16-17 18-19 55-59 60-64 65-6		ors (20-23)

*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.)

<u>*Full Power Only:*</u> 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 <u>signatures are required</u> along with rank circled. All Referees **MUST** be an Official USPF Referee.

Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Referee	_ (Rank: State, National, or International)
*Print Referee's Name	USPF Member # & Exp. Date
Weigh-In Official	(Rank: State, National, or International)
*Print Official's Name	USPF Member # & Exp. Date

Athlete's Signature: _____ Date: _____

Please send <u>completed</u> application(s) to:

USPF American Records Chair ~ Sheri Hartmann P.O. Box 1148, Tombstone, AZ 85638 Email: USPFtheLegend@aol.com (A jpeg or PDF copy of the Application may emailed to the above email address in lieu of "snail mail".) PayPal available online on the USPF American Records page.