

Official's Level III Exam Admission Verification (EAV) Form

Parts I & II MUST be completed & verified to take this examination A clinic is not given for this examination

Part I - Filled in by the Official

Official's Name (print):		Date of Birth:		
Address:				
City:		State:	Zip Code:	
Phone:	Email	:		
LBC Name/#:		Mei	mber #:	
Current Official's Level:		Date Obtaine	ed:	
Previous Level:		Date Obtaine	ed:	
Official's Signature:				
Part II – Filled in by LBC Chief of O Active within their own LBC:	fficials (<i>Require</i> Yes:No:	ements in the past 2 years Last Certification	s <i>must have been met and verified</i>) Date:	
Part II – Filled in by LBC Chief of O Active within their own LBC: Worked LBC Advancing Tournament:	fficials (<i>Require</i> Yes:No: Yes:No:	ements in the past 2 years Last Certification Location:	s must have been met and verified) Date: Date:	
Part II – Filled in by LBC Chief of O Active within their own LBC: Worked LBC Advancing Tournament: Worked Regional Advancing Tournamen	fficials (<i>Require</i> Yes:No: Yes:No: it: Yes:No:	ments in the past 2 years Last Certification Location: Location:	must have been met and verified) Date:AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	
	fficials (<i>Require</i> Yes:No: Yes:No: it: Yes:No: Yes:No:	ments in the past 2 years Last Certification Location: Location: Location:	must have been met and verified) Date: Date: Date: Date: Date:	

ONLY OFFERED AT: USAB JO Championships, USAB National Championships, USAB Western and Eastern Qualifiers, and possibly National PAL, National Golden Gloves & National Silver Gloves

Location of Exam:			Date:	
Elevation OR Maintenance (circle one) Score%	Pass	Fail	Exam	
Certified as: Referee	Judge	Timekeeper	Clerk	
Examiner (print):		Signature:		
AIBA Examiner will fax/mail/email EAV form with transmittal to USA Boxing Revised 10/2017				



