

# Pacific Swimming Officials Request for Advancement Evaluation

Applicant: please fill out the following and submit to Meet Referee PRIOR TO THE BEGINNING OF THE MEET:

_____	_____	_____
Last Name	First Name	Zone
_____	_____	_____
Home Phone	Email	Meet Date

*This application is for (check one):*

Certification (level 2)  Advancement to level  3  4

*For the following position (check one):*

Stroke & Turn  Starter  Referee

*I have met all the requirements (see back) for submitting this request for Evaluation.*

\_\_\_\_\_  
Applicant Signature Date

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**Meet Referee: please fill out the following and send to Zone Officials Chair if approved,  
Or return to applicant with comments regarding areas need improvement**

*I have adequate opportunity to observe the above applicant during the following  
meet \_\_\_\_\_ on this date \_\_\_\_\_,*

*And I recommend the approval of this certification/advancement request.*

Comments (Must be filled out and discussed with applicant if disapproved):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Meet Referee (Print) Signature Date