



Washington State Referee Committee
P.O. Box 2824 Bellingham, Wa. 98227-2824
<http://www.scn.org/rec/referee> Voice/Fax: 360-380-5440
 email:referee@scn.org

Certification/Recertification Form

Name _____

Address _____

City _____ Zip _____ - _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Home phone (____) _____ Work phone (____) _____

E-mail _____

Maintenance Assessment (State 1 Referees only) Date _____ Assessor _____

Initial Course or Continuing Education – 5 hours required (no more than 3 hours from regular local meetings)

Date	Presenter	Topic	Duration

Written Test Score – REQUIRED FOR ALL REFEREES (including Emeritus grades)

Score _____ Level: Entry / State / Refresher Date _____

Examiner's Name _____ **Examiner's Signature** _____

Physical Test Results – (referees Grade 7 and above, including Emeritus referees wanting to officiate higher than Grade 8)

12 minute run _____ meters (round to nearest ¼ lap (100 meters)) 50 / 100 meter dash _____ sec.

Staggered run _____ sec. Agility Test Conducted Y N (Grades 5&6) Date _____

Examiner's Name _____ **Examiner's Signature** _____

Submit this form and payment with your completed USSF Registration Form to complete your initial certification or annual renewal requirements.