



Application for an American Record TRACK EVENT

This form must be completed and dispatched within 30 days of the record performance to:

USA TRACK & FIELD

130 East Washington St., Suite 800, Indianapolis, IN 46204
ed.gorman@usatf.org

APPLICATION IS HEREBY MADE FOR THE RATIFICATION OF THE FOLLOWING RECORD, IN SUPPORT OF WHICH THE BELOW INFORMATION IS SUBMITTED: *(Please type or use block capitals, check where appropriate.)*

- American Record American U20 Record
 American Indoor Record American U20 Indoor Record

APPLICATION DATA			
Event (e.g. 100m, 3000m SC):		<input type="checkbox"/> Men	<input type="checkbox"/> Women
Record Time Claimed (e.g. 9.58, 7:53.63):			
Full Name of Athlete:			
Country of Athlete:	Date of Birth for U20:	D	M Y
For Relay Events, the full names of all team members, in the order of running (including DOB for U20):			
Athlete's shoe brand and model:			
Name of Competition:			
USATF Sanction #:			
Date of Event:	Time of Event:		
City:			
Athlete Affiliation:			
Name of Stadium:			

RESULTS OF COMPETITION			
	Name	Country	Result
1st:			
2nd:			
3rd:			

STARTER

I certify that the start of the race was in accordance with USATF Rules.

Make of False Start Control Device (if applicable):**Reaction Time (if applicable):****Starter:****Signature:****FULLY AUTOMATIC TIMING****Make of Timing Device:****Official Time Recorded:****Chief Photo Finish Judge:****Signature:****HAND TIMING (if applicable)**

I, the undersigned official timekeeper of the event mentioned on this form, do hereby certify that the time set opposite my signature was the exact time recorded by my watch and that the watch used by me has been certified and approved by USA Track & Field.

Time:**Name:****Signature:****Time:****Name:****Signature:****Time:****Name:****Signature:**

I confirm that the above Timekeepers exhibited their watches to me and that the times were as stated.

Chief Timekeeper or Referee:**Signature:****WIND MEASUREMENT (if applicable)****Type and Make of Wind Gauge:****Wind Speed in the Direction of Running:****Wind Gauge Operator:****Signature:****DOPING CONTROL**

I, a member of the Doping Committee for the Competition, certify that a sample for a doping test was obtained in accordance with USATF Rules from the above-mentioned athlete(s) in my presence and dispatched to the following accredited laboratory:

NOTE: For relays, samples must be obtained from ALL members of the team.

Date and Time of Doping Sample Collection:**Testing Laboratory:****Doping Control Officer:****Signature:**

ATHLETICS FACILITY				
The Facility holds a current valid World Athletics Facility Certificate:		<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2	<input type="checkbox"/> Indoor
Or				
The competition site complied with the conditions set out in the USATF/World Athletics Certification System. There is a survey on file and a raised curb was in place.			<input type="checkbox"/>	
Technical Manager:				
Signature:				
GUARANTEE BY REFEREE				
I hereby certify that all the information recorded on this form is accurate, that the officials conducting the Competition were duly qualified and that the appropriate USATF Competition Rules were complied with.				
Referee:				
Signature:				

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION			
The printed programme of the Competition, the complete results of the event including the reaction times (if applicable), the Photo Finish and Zero Test image in the case of a track record where Fully Automatic Timekeeping was in operation, Judges' Score Sheet, Official Results, Doping Control Form, Passport copy for U20.			
Additional Information for Historical Purposes			
Weather Conditions:			
Intermediate Times (if applicable):			
If available:	<input type="checkbox"/> Video of the record for World Athletics use	<input type="checkbox"/> Photograph of the athlete	<input type="checkbox"/> Press cuttings

RECOMMENDATION BY USATF COMMITTEE	
The undersigned Sport Committee Chair hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:	
Committee:	
Committee Chair: (Name)	
Signature:	

USA TRACK & FIELD APPROVAL		
USATF Technical Representative	Date	CEO