	PVS OFFICIAL'S CEF					
ONAC WALL	Name					
PVS	Address					
ON MAINE						
	Club F	Phone				
I have fulfilled	PVS established requi	rements to certify as Operator of:				
Electronic Timi	ng System	Hy-Tek				
indicated belov	w, (b) have personal	VS sanctioned or approved clinic a ly performed at least <b>five trainin</b> ved a favorable evaluation (attached				
Meet	Date	Referee				
		_				
		_				
	<del></del>					
myself in a proprocedures of impartially, to read to maintain	ofessional manner, to both USA-S and PV emember that the rules	nting myself as an official to conductive the conductive that and the conductive that and the conductive that are for the protection of the athlete manship. I have also read the PVS to be bound by it.				
myself in a proprocedures of impartially, to rand to maintail Officials Code	ofessional manner, to both USA-S and P\ emember that the rules n an attitude of sports	keep abreast of the latest rules an /S, to enforce the rules fairly an s are for the protection of the athlete manship. I have also read the PV to be bound by it.				
myself in a proprocedures of impartially, to rand to maintain Officials Code	ofessional manner, to both USA-S and PV emember that the rules on an attitude of sports of Conduct and agree	keep abreast of the latest rules an /S, to enforce the rules fairly an s are for the protection of the athlete manship. I have also read the PV to be bound by it.				
myself in a proprocedures of impartially, to rand to maintain Officials Code  Applicant's Signer-mail address	ofessional manner, to both USA-S and P\ emember that the rules an attitude of sports of Conduct and agree	keep abreast of the latest rules an /S, to enforce the rules fairly an s are for the protection of the athlete manship. I have also read the PV to be bound by it.				

Scan this card and email to OfficialsCertification@pvswim.org or

Mail this card to the PVS Certification Officer

## PVS OFFICIAL'S CERTIFICATION APPLICATION



Name _	 	 	
Address	 	 	

Club Phone

I have fulfilled PVS established requirements to certify as Operator of:

Electronic Timing System Hy-Tek

I (a) have attended the appropriate PVS sanctioned or approved clinic as indicated below, (b) have personally performed at least five training sessions under supervision, (c) received a favorable evaluation (attached).

Meet	Date	Referee		
	<del></del>			

I pledge whenever serving or presenting myself as an official to conduct myself in a professional manner, to keep abreast of the latest rules and procedures of both USA-S and PVS, to enforce the rules fairly and impartially, to remember that the rules are for the protection of the athlete, and to maintain an attitude of sportsmanship. I have also read the PVS Officials Code of Conduct and agree to be bound by it.

Applicant's Signature \_\_\_\_\_ E-mail address \_\_\_\_\_ Clinic Date\_\_\_\_\_ Location\_\_\_\_ Name to appear on Nametag \_\_\_\_\_

Scan this card and email to OfficialsCertification@pvswim.org or Mail this card to the PVS Certification Officer