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| **Meet:**  | **Session:** | **Date:** |

**By signing this sheet, I certify that I am a current Official member of USA Swimming and have satisfactorily completed criminal background check and athlete protection education, as required by USA Swimming.**

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| **Name (print)** | **Name (sign)** | **Cert. Level****(please see below)** | **Position Worked** | **Club Affiliation (print)** | **Date of Expiration on USA Card** |
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Please see this information is entered into the OTS file and send a copy of this sheet(s) to the respective Officials Commission Chair:

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| --- | --- |
| Central: Michael Yeager ( sports@yeager.cc ) | NW: Joe Sobczak ( sobczakjoe@gmail.com ) |
| SW-Cincinnati: Tom Mantkowski ( tmantkowski@mindspring.com ) | SW-Dayton: Anissa Kanzari ( kanzari.anissa@gmail.com ) |

**OTS Certification Level Codes:**

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| ST – Stroke and Turn; XJ if training in the positionCJ – Chief Judge; XC if training in the positionSR – Starter; XS if training in the position | DR – Deck Referee; XR if training in the positionAR – Administrative Referee; XA if training in the positionMR – Meet Referee; XM if training in the position | AO – Administrative Official; YA if training in the positionOJ – Open Water Judge; ZJ if training in the positionOR – Open Water Referee; ZR if training in the position |