



# Officials Level Three

**Side 1:** Please print each candidate's name and contact information legibly.

	Date of Birth Y/M/D	Prerequisites Checked	Knowledge	Meet Manager	HYTEK/Splash Management	Electronic Scorer	Administrative Referee			Equipment Manager	Result
			1	2	3	4	5	6	7	8	
<b>1</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									
<b>2</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									
<b>3</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									
<b>4</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									
<b>5</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									
<b>6</b>	Sex M F	Name									
		Address									
		City									
		Postal code									
		E-mail									
		Telephone									

Check box if there are more candidates on the reverse side of this page.  
This test sheet is page \_\_\_ of \_\_\_ pages.

Satisfactory Performance

**F** Fail

Total Pass for Course

Total Fail for Course

**Instructor Information**

Instructor's Name \_\_\_\_\_ ID# \_\_\_\_\_  
E-mail ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_

**Payment Information**

Exam fees attached  Exam fees not attached  
Send invoice or receipt to ( ) \_\_\_\_\_  
Affiliate \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Exam Information**

Exam Date: \_\_\_\_\_  
YY MM DD

Facility name \_\_\_\_\_ Telephone \_\_\_\_\_

**Awards information**

Awards issued by affiliate  
 Awards not issued

**Examiner Information**

Examiner's Name \_\_\_\_\_ ID # \_\_\_\_\_  
E-mail ( ) \_\_\_\_\_  
Telephone \_\_\_\_\_ Signature \_\_\_\_\_