NATIONAL LIFEGUARD LIFESAVING SOCIETY Waterfront Recertification Revised 2025 This test sheet is for recertification exam candidates only. Side 1: Please record each candidate's name and contact information accurately.	Date of birth	Prerequisites checked Use of rescue craft	Sprint challenge	용 Endurance challenge	ල Scanning & observation	52 Mgmt: distressed or drowning victim	ਨੂੰ ਅੰਗਮ: submerged, non-breathing victim	pp. Mgmt: injured victim	كالباق Lifeguard situation: single guard	ت Lifeguard situations: team Result			
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4 M Last name F First name F Address X City Prov. Postal Code	Year Month												
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Check this box if there are more candidates o	✔ - Sat	isfactory Perform	nance X		al Pass r Exam		al Fail Exam						
Invoicing Information	Indivi	Individual who examined the candidates											
Host name (Affiliate or Organization paying the exam fees) Telephone					Examiner's name ID#								
Street address	E-mail	E-mail address											
City Pr Exam Information		Telephone Signature											
Exam Information Exam date: YY MM DD	_	Individual who apprenticed on the exam Apprentice's name ID#											
Facility name (e.g., name of waterfront)		Telephone		_									

WATIONAL LIFEGUARD LIFEGUARD LIFEGUARD Waterfront Recertification Revised 2025 This test sheet is for recertification exam candidates only. Side 2: Please record each candidate's name and contact information accurately.	Date of birth	Prerequisites checked	Use of rescue craft	_	Sprint challenge		ල Scanning & observation	Mgmt: distressed or drawning	-	Mgmt: submerged, non-breathing	Mgmt: injured victim	ट Lifeguard situation: single guard	Lifeguard situations: team	- Coult	
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Check this box if there are more candidates on the reverse side of this page. This test sheet is Page of Pages Total Pass for Exam for Exam															
Please complete all sections on Side 1 of test sheet. Host, exam information and Invoicing Information Host name (Affiliate or Organization paying the exam fees)						Individ	and examiner sections must be completed on both sides 1 and 2 of the test sheet. Individual who examined the candidates Same as Side 1 (sign below) or Examiner's name								
Exam Information						┦									
Exam date:YY MM DD						(E-mail address () Telephone Signature								