NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Surf Recertification

Revised 2025

This test sheet is for recertification exam candidates only.

Side 1: Please record each candidate's name and contact information accurately.

Gender	Date of birth	Prerequisites checked	Use of rescue craft (4)	Endurance challenge (5b)	Scanning & observation (7b)	Mgmt: distressed or drowning victim (9a)	Mgmt: submerged, non-breathing victim (9b)	Mgmt: spinal-injured victims (9c)	Mgmt: injured victim (9d)	Lifeguard situations: team (10)	Result

1
Last name
First name
Address
City Prov. Postal Code
E-mail
Phone
M F X
Year Month Day

Prerequisites
National Lifeguard Surf
Date earned: _____ Location: _____

2
Last name
First name
Address
City Prov. Postal Code
E-mail
Phone
M F X
Year Month Day

Prerequisites
National Lifeguard Surf
Date earned: _____ Location: _____

3
Last name
First name
Address
City Prov. Postal Code
E-mail
Phone
M F X
Year Month Day

Prerequisites
National Lifeguard Surf
Date earned: _____ Location: _____

4
Last name
First name
Address
City Prov. Postal Code
E-mail
Phone
M F X
Year Month Day

Prerequisites
National Lifeguard Surf
Date earned: _____ Location: _____

☐ **Check this box if there are more candidates on the reverse side of this page.**
This test sheet is Page _____ of _____ Pages

✔ - Satisfactory Performance X - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) ( ) Telephone

Street address

City Prov. Postal code

Individual who examined the candidates

Examiner's name ID#

E-mail address

( ) Telephone Signature

Exam Information

Exam date:
YY MM DD

Facility name (e.g., name of waterfront) ( ) Telephone

Individual who apprenticed on the exam

Apprentice's name ID#

NATIONAL LIFEGUARD
LIFESAVING SOCIETY

Surf Recertification

Revised 2025

This test sheet is for recertification exam candidates only.

Side 2: Please record each candidate's name and contact information accurately.

	Gender	Date of birth	Prerequisites checked	Use of rescue craft 4	Endurance challenge 5b	Scanning & observation 7b	Mgmt: distressed or drowning victim 9a	Mgmt: submerged, non-breathing victim 9b	Mgmt: spinal-injured victims 9c	Mgmt: injured victim 9d	Lifeguard situations: team 10	Result
5 Last name / First name / Address / City Prov. Postal Code / E-mail / Phone	M F X	Year / Month / Day										
Prerequisites National Lifeguard Surf — Date earned: _____ Location: _____												
6 Last name / First name / Address / City Prov. Postal Code / E-mail / Phone	M F X	Year / Month / Day										
Prerequisites National Lifeguard Surf — Date earned: _____ Location: _____												
7 Last name / First name / Address / City Prov. Postal Code / E-mail / Phone	M F X	Year / Month / Day										
Prerequisites National Lifeguard Surf — Date earned: _____ Location: _____												
8 Last name / First name / Address / City Prov. Postal Code / E-mail / Phone	M F X	Year / Month / Day										
Prerequisites National Lifeguard Surf — Date earned: _____ Location: _____												

☐ **Check this box if there are more candidates on the reverse side of this page.**
This test sheet is Page _____ of _____ Pages

✔ - Satisfactory Performance **X** - Fail **Total Pass for Exam** ☐ **Total Fail for Exam** ☐

Please complete all sections on Side 1 of test sheet. Host, exam information *and* examiner *sections must be completed on both sides 1 and 2 of the test sheet.*

Invoicing Information

Host name (Affiliate or Organization paying the exam fees)

Exam Information

Exam date: _____
YY MM DD

Individual who examined the candidates Same as Side 1 ☐ (***sign below***) **or**

Examiner's name ID#

E-mail address

( ) Telephone

Signature