

APPLICATION FORM FOR A RECORD  
Field Event



Email <a href="mailto:Records@WorldParaAthletics.org">Records@WorldParaAthletics.org</a> within 72 hours of a record being achieved. This form must be completed and dispatched within 30 days of the Record performance to:	<b>World Para Athletics International Paralympic Committee</b> Adenaurallee 212-214, 53113 Bonn GERMANY
APPLICATION IS HEREBY MADE FOR THE RATIFICATION OF THE FOLLOWING RECORD, IN SUPPORT OF WHICH THE BELOW INFORMATION IS SUBMITTED ( <i>Please type or use block capitals; tick where appropriate</i> )	

- World Record       Regional Record

APPLICATION DATA										
Event (e.g. High Jump)				<input type="checkbox"/> Men						<input type="checkbox"/> Women
Record Height/ Distance Claimed										
Full Name of Athlete										
Country of Athlete										
SDMS ID		DOB		D		M		Y		
Sport Class		Class Status								
Name of Competition										
Date of Event		Time of Event								
City		Country								
Name of Stadium										

RESULTS OF COMPETITION			
	Name	Country of Athlete	Result
1 <sup>st</sup>			
2 <sup>nd</sup>			
3 <sup>rd</sup>			

IMPLEMENTS CONTROL JUDGE ( <i>if applicable</i> )	
I hereby certify that the implement used in the record claimed has been examined by me after the performance and conforms exactly with the relevant World Para Athletics Rules. I further certify the following implement used is freely available worldwide.	
Manufacturer	
Model	Measured Weight
IAAF Certification No. ( <i>if applicable</i> )	
Implement Control Judge	
Signature	

SCIENTIFIC MEASUREMENT DEVICE ( <i>if applicable</i> )	
Type and Make of Device	
Measurement Judge	
Signature	

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FIELD JUDGES				
We hereby certify that the measurement stated opposite our signatures is exact as measured in accordance with the World Para Athletics Rules.				
Distance or Height		Name		Signature
Distance or Height		Name		Signature
Distance or Height		Name		Signature

WIND MEASUREMENT (if applicable)	
Type and Make of Wind Gauge	
Wind Speed in the Direction of Running	
Wind Gauge Operator	
Signature	

Throwing Frame Measurement and Inspection	
I certify that the Throwing Frame was measured and inspected in the Call Room or at the competition area prior to the commencement of the event, and that the above mentioned Throwing Frame complies with the requirements set under Rule 35.	
Technical Official	
Signature	

DOPING CONTROL					
I certify that there was random in-competition anti-doping testing (as a minimum) at the above-mentioned competition and the tests conducted were in accordance with the procedures laid down in the relevant World Para Athletics Rules.					
Date of Doping Control		D		M	Y
Name of Official					
Status					
Signature					

MAXIMUM ALLOWABLE STANDING HEIGHT CONTROL (for sport classes T/F61 and T/F62 ONLY)	
I certify that the actual height of the athlete with bilateral low limb impairment in his/her competition leg prostheses does not exceed his/her Maximum Allowable Standing Height (MASH), and I certify that the measurements were done in accordance with the World Para Athletics Classification Rules and Regulations.	
Name of Classifier/Technical Official	
Status	
Signature	

GUARANTEE BY REFEREE	
I hereby certify that all the information recorded on this form is accurate, that the officials conducting the competition were duly qualified and that the appropriate World Para Athletics Rules were complied with.	
Referee	
Signature	

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION
The <b>printed programme</b> of the Competition, the <b>complete results of the event</b> , Copy of the <b>Judges' Score Sheet</b> , <b>Official Results</b> .

Name of the Technical Delegate: \_\_\_\_\_  
(if applicable)

Signature: \_\_\_\_\_