



Washington State Referee Committee

Referee Registrar

2701 California Ave. SW #113

Seattle, WA 98116-2183

Tel: **1-888-298-1114**

Email: SRA@wasrc.org

Web Site: <http://www.wasrc.org>

Initial and Annual Certification/Re-certification Form

* Name _____ (Legal Name) (* Required **Optional)

* Address _____

* City _____ *Zip _____ - _____

* Date of Birth ____/____/____ ** USSF Registration # ____-____-____

** Home phone (____) _____ ** Work phone (____) _____

** E-mail _____

** Youth Risk Management Number _____ ** Youth RM Expiration Date ____/____/____

Initial Course/Continuing Education. – 5 hours req. (no more than 3 hours from chapter meetings with local instructor)

Date	Clinic# or Session#	Presenter	Topic	Duration

Written Test Score – REQUIRED ANNUALLY FOR ALL REFEREES (including *Emeritus* grades)

Score _____ Test: [Entry] [State] [Recreational]

Date _____ Examiner's Name _____ Signature _____
(Print)

Grade 8's do not need to continue past this point

Physical Test Results – (referees Grade **7** and above, including *Emeritus* referees wanting to officiate higher than Grade 8)

12 minute run _____ meters (round to nearest ¼ lap (100 meters))
50 meter dash _____ seconds.
200 meter dash _____ seconds.

Date _____ Examiner's Name _____ Signature _____
(Print)

Maintenance Assessment (ALL **State** Referees) Date _____ Assessor _____

Submit this form and payment with your completed USSF Registration Form to complete your initial certification or annual renewal requirements. **USSF forms received without this SRC form will not be processed.**