



Florida - USAPL STATE RECORD APPLICATION FORM

Please complete this form for submission to the FL State Records Chair for review.

(Please print and sign at bottom)

Name _____ Sex: Male Female
 Address _____
 City _____ State _____ ZIP _____ Phone (_____) _____
 Birth Date _____ Age on day of record _____
 ID # (Some type of ID required) _____ Type of ID _____
 USAPL # _____ Club Affiliation _____
 Body Weight _____ (LBS KGS) Weight Class _____ (LBS KGS)
 Name of Meet _____ Location (City, State) _____
 Meet Director _____ Meet Date _____

Enter all record lift submissions. See explanations below. Designate pounds (LBS) or Kilograms (KGS).

Lift Category (PL/BP)	Division	Lift	Amount	LBS/KGS

Lift..... Squat Bench Dead Lift Total

Divisions..... Open High School Collegiate Master 40-49 Master 50-59 Master 60-69

IMPORTANT NOTICE!!

Your lift or lifts must be refereed by at least two (2) national referees for state records set outside of Florida to be valid! Records set at national meets will be accepted automatically.

Officials Statement: We, the undersigned, have witnesses the accredited performance of the above lifts according to the rules of the USAPL. We are current members in good standing with the USAPL and certified referees.

<u>Referee Signature</u>	<u>Rank (State /Nat'l / Int'l)</u>	<u>Lift</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Weigh-In Official: _____

Drug Tested: Yes No **Drug Test Official:** _____
(Drug test is not required for record to be valid)

Athlete's Signature: _____