



**WORLD RECORD APPLICATION FORM
ATHLETICS – FIELD EVENT**

EVENT _____

Male _____ or _____ Female

Record Claimed _____ Metres _____

Full Name of Competitor _____

Date of Birth _____ Competitor's Country _____

Name of Stadium _____

Date of Meeting _____ Time of Event _____

Town _____ Country _____

EQUIPMENT OFFICER

I hereby certify that the Shot \ Discus \ Javelin used in the record claimed has been examined by me after the performance and conforms exactly with the relevant IAAF Rules. I further certify that the implement used was manufactured by _____

Which is freely available worldwide _____ Model _____

Name _____

Signature _____

FIELD JUDGES

We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with IAAF Rules. We also certify that the circle or runway complied with IAAF specifications.

DISTANCE OR HEIGHT	NAME OF FIELD JUDGE	SIGNATURE
_____M	_____	_____
_____M	_____	_____
_____M	_____	_____

SURVEYOR

I hereby certify that the facilities used were in conformity with IAAF Rules.

NAME OF SURVEYOR	QUALIFICATION	SIGNATURE
_____	_____	_____

WIND GAUGE (LONG JUMP)

Wind speed in the direction of running _____ Name of Operator _____

Signature _____

RESULT OF COMPETITION

The Names of the first three competitors and their performances were as follows:

a) _____

b) _____

c) _____

GUARANTEE BY REFEREE

I hereby certify that all the information recorded on this form is accurate, that the officials conducting the meeting were duly qualified and that the appropriate IAAF Rules of Competition were complied with.

Name of Referee _____ Date _____

Signature _____

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

A programme of the meeting and a copy of the Results Card.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES

Weather conditions

Press cuttings, if available

Type of throwing surface or runway

A photograph of the athlete

Condition of throwing surface or runway

RECOMMENDATION BY IAADS MEMBER COUNTRY

The undersigned IAADS member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

PRESIDENT / SECRETARY GENERAL:

SIGNATURE

NAME (BLOCK CAPITALS)

Name of IAADS member _____

.....
FOR IAADS USE ONLY

Date Received: _____ Approved: Yes No If no give reason below.

If not Approved give reason why.

Signature: _____
(IAADS ATHLETICS DIRECTOR)

ALL APPLICATIONS MUST BE SENT TO
THE TECHNICAL DIRECTOR OF IAADS

Rua Prof. Angélica Rodrigues, n.º 46, Sala 7
4400-555 Vila Nova de Gaia – Portugal

Tel.: +351 227 129 138/9 Fax: +351 227 129 143 Email: jcp.josecostapereira@hotmail.com

TIMEKEEPERS – HAND TIMING

I, the undersigned official timekeeper of the event mentioned on this form, do hereby certify that the time set opposite my signature was the exact time recorded by my watch used by me has been certified and approved by my National Association.

TIME	NAME	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHIEF TIMEKEEPER

I confirm that the above Timekeepers exhibited their watches to me and that the time were as stated.

Chief Timekeeper / referee:

SIGNATURE _____
NAME (BLOCK CAPITALS)

ELECTRICAL TIMING

The time recorded was _____ and this was the official time Yes No

Name of Chief Photo-Finish Judge _____

Signature _____

A photo-finish print must be included with this Application

WIND GAUGE

Wind speed in the direction of running _____ Name of Operator _____

Signature _____

TRACK SURVEYOR

I hereby certify that I have measured the course over which this event was held. The exact distance or length of lap was:

METRES	CMS	YARD'S	FEET	INCHES	MILES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The maximum allowance for inclination did not exceed 1:100 laterally and 1:1000 in the running direction:

NAME OF SURVEYOR	QUALIFICATION	SIGNATURE
_____	_____	_____
_____	_____	_____

GUARANTEE BY REFEREE

Name of Referee _____ Date _____

Signature _____

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

A programme of the meeting and a copy of the Results Card.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES

Weather conditions	Press cuttings, if available
Type of track	A photograph of the athlete
Condition of track	Intermediate times

RECOMMENDATION BY IAADS MEMBER COUNTRY

The undersigned IAADS member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

PRESIDENT / SECRETARY GENERAL:

SIGNATURE NAME (BLOCK CAPITALS)

Name of IAADS member _____

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(IAADS ATHLETICS DIRECTOR)

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