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| Email [info@worldparaathletics.org](mailto:info@worldparaathletics.org) within 72 hours of a record being achieved.  This form must be completed and dispatched within 30 days of the Record performance to: | **World Para Athletics**  **International Paralympic Committee**  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 *(Please type or use block capitals; tick where appropriate)* | |

World Record  Regional Record

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION DATA** | | | | | | | | | | | |
| **Event (e.g. High Jump)** |  | | | **Men**  **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** |  | | | | | | | | | | |

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| **RESULTS OF COMPETITION** | | | |
|  | **Name** | **Country of Athlete** | **Result** |
| **1st** |  |  |  |
| **2nd** |  |  |  |
| **3rd** |  |  |  |

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| **IMPLEMENTS CONTROL JUDGE *(if applicable)*** | | | |
| 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. *(if applicable)*** |  | | |
| **Implement Control Judge** |  | | |
| **Signature** |  | | |

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| **SCIENTIFIC MEASUREMENT DEVICE *(if applicable)*** | |
| **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** |  |

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

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| **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** |  |

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| **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** |  | | | | | |

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| **MAXIMUM ALLOWABLE STANDING HEIGHT CONTROL (for sport classes 61 and 62 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** |  |

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| **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** |  |

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| **THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION** |
| The **printed programme** of the Competition, the **complete results of the event,** Copy of the **Judges’ Score Sheet, Official Results.** |

Name of the Technical Delegate:

*(if applicable)*

Signature:

*(If a Technical Delegate has not been appointed, this Form must be signed by the Competition Director)*