|  |  |
| --- | --- |
| 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. 100m)** |  | | | **Men**  **Women** | | | | | | | |
| **Record Time 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** |  |  |  |

**FOR RELAY ONLY**: All the team’s competitors’ names are required in running order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Sport Class** | **SDMS ID** | **First name** | **Family name** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

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| **STARTER** | |
| I certify that the start of the race was in accordance with the relevant World Para Athletics Rules. | |
| **Make of Start Information System (if applicable)** |  |
| **Reaction Time (if applicable)** |  |
| **Starter** |  |
| **Signature** |  |

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| **FULLY AUTOMATIC TIMING** | |
| A fully automatic, correctly aligned, electrical timing device was used. I confirm the time above. | |
| **Make of Timing Device *(if applicable)*** |  |
| **Official Time Recorded** |  |
| **Chief Photo Finish Judge** |  |
| **Signature** |  |

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| **HAND TIMING *(if applicable)*** | | | | | | |
| 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 and that the watch used by me has been certified and approved by my National Federation. | | | | | | |
| **Time** |  | **Name** | |  | **Signature** |  |
| **Time** |  | **Name** | |  | **Signature** |  |
| **Time** |  | **Name** | |  | **Signature** |  |
| I confirm that the above Timekeepers exhibited their watches to me and that the times were as stated. | | | | | | |
| **Name of Chief Timekeeper** | | |  | | | |
| **Signature** | | |  | | | |

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

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| **THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION** | |
| The **printed programme** of the Competition, the **complete results of the event** including the **reaction times** (if applicable), the **Photo Finish** and **Zero Test** image in the case of a track record where Fully Automatic Timekeeping was in operation. | |
| **Additional Information For Historical Purposes** | |
| **Weather Conditions** |  |
| **Intermediate Times *(if applicable)*** |  |

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)*