



Arizona Swimming, Inc **Officials Transfer into Arizona Form**

Officials Transfer Form (please print)

LSC transferring to: Arizona Old LSC: _____

Last Name

First Name

Middle Name

Old USA Swimming Registration Number

Preferred Name

Mailing Address

Number & Street

Home Phone

City, State & Zip

Email Address

Current Officials Certifications (attach copy of old registration and certification cards)

Position/Level

Expiration Date

LSC/N1 Certification: _____

N2 Certification: _____

N3 Certification: _____

Signature: _____

Date: _____

Old LSC Officials Chair Signature: _____

Date: _____