



Arizona Swimming, Inc Officials Transfer Form

Officials Transfer Form (please print)

Current LSC: _____

Last Name

First Name

Middle Name

USA Swimming Registration ID Number

Preferred Name

Mailing Address

Number & Street

Home Phone

City, State & Zip

Email Address

Current Officials Certifications

Position/Level

LSC Certification: _____

N2 Certification: _____

N3 Certification: _____

Prior LSC Officials Chair

Name: _____ Email: _____