



Application for a World Record FIELD EVENT

This form must be completed and dispatched within 30 days of the World Record performance (cf: Technical Rule 31.6) to:

WORLD ATHLETICS

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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 ☐ World U20 Record ☐ World Indoor Record ☐ World U20 Indoor Record

APPLICATION DATA

| | | | | |
|--|--|----------------------------|------------------------------|--------------------------------|
| Event (e.g. High Jump, Shot Put): | | | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| Record Height/Distance Claimed (e.g. 2.09, 22.63): | | | | |
| Full Name of Athlete: | | | | |
| Country of Athlete: | | Date of Birth for Juniors: | | |
| | | | D | M |
| | | | | Y |
| Name of Competition: | | | | |
| Date of Event: | | Time of Event: | | |
| City: | | | | |
| Country: | | | | |
| Name of Stadium: | | | | |

RESULTS OF COMPETITION

| | Name | Country | Result |
|------|------|---------|--------|
| 1st: | | | |
| 2nd: | | | |
| 3rd: | | | |

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 Athletics Rule. I further certify that the following implement used is freely available worldwide.

| | | | |
|---------------------------|--|------------------|--|
| Manufacturer: | | | |
| Model: | | Measured Weight: | |
| Certification No.: | | | |
| Implements Control Judge: | | | |
| Signature: | | | |

SCIENTIFIC MEASUREMENT DEVICE (if applicable)

| | |
|--------------------------|--|
| Type and Make of Device: | |
| Measurement Judge: | |
| Signature: | |

FIELD JUDGES

We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with World Athletics Rules.

| | | | | | |
|---------------------|--|-------|--|------------|--|
| Distance or height: | | Name: | | Signature: | |
| Distance or height: | | Name: | | Signature: | |
| Distance or height: | | Name: | | Signature: | |

WIND MEASUREMENT (if applicable)

| | |
|---|--|
| Type and Make of Wind Gauge: | |
| Wind Speed in the Direction of Jumping: | |
| Wind Gauge Operator: | |
| Signature: | |

DOPING CONTROL

I, a member of the Doping Committee for the Competition, certify that a sample for a doping test was obtained in accordance with World Athletics Rules from the above mentioned athlete in my presence and dispatched to the following accredited laboratory:

| | |
|--|--|
| Date and Time of Doping Sample Collection: | |
| Testing Laboratory: | |
| Doping Control Officer: | |
| Signature: | |

ATHLETICS FACILITY

| | |
|--|--------------------------|
| The Facility holds a current valid World Athletics Facility Certificate: <input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Indoor | |
| Or | |
| The competition site complied with the conditions set out in the World Athletics Certification System. The respective parts of the Measurement Report Form are attached to this application. | <input type="checkbox"/> |
| Technical Manager: | |
| 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 Athletics Competition Rules were complied with.

| | |
|-------------------|--|
| Referee: | |
| Signature: | |

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**, **Doping Control Form**, **Passport copy for Juniors**.

Additional Information for Historical Purposes

| | | | |
|----------------------------|--|--|---|
| Weather Conditions: | | | |
| If Available: | <input type="checkbox"/> Video of the record for World Athletics use | <input type="checkbox"/> Photograph of the athlete | <input type="checkbox"/> Press cuttings |

RECOMMENDATION BY MEMBER FEDERATION

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

| | |
|---------------------------------|--|
| Member Federation: | |
| President or CEO: (Name) | |
| Signature: | |

WORLD ATHLETICS APPROVAL

| | | |
|------------------|-------------|------------|
| | | |
| President | Date | CEO |