

USA POWERLIFTING

AMERICAN RECORD APPLICATION FORM

Name of Contest _____
 Date _____
 Athlete's name _____ Sex _____
 Address _____ City _____
 State _____ Zip _____ Phone () _____
 Club Affiliation _____ USAPL# _____
 Bodyweight _____ Weight class _____ Age _____ (on last birthday)*

*Birth certificate is required for proof of age when setting **Teenage, Master, Junlor** and **Collegiate** American records

Place the Record Category number(s) (1-6) on the blank(s) under the Number Code which correspond to the type of record(s) set. USE ONE FORM FOR ALL RECORD LIFTS.

Record Categories	Key Code	Record(s) Set:	Equipped	Raw
1. World	_____	SQUAT _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
2. Open American	_____			
3. Teenage American	_____	BENCH _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
4. Junlor American	_____			
5. Master American	_____	DEADLIFT _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>
6. Collegiate American*	_____	TOTAL _____ kgs x 2.2046= _____ lbs.	<input type="checkbox"/>	<input type="checkbox"/>

*Proof of full time collegiate status "in good standing" required

Officials Statement: We, the undersigned, have witnessed the accredited performance of the above lift(s) according to the rules of the USAPL. The lifter was weighed-in within two hours of the competition, the lifter and equipment/ attire were checked according to said rules, and all have been found to be in order. We are current members in good standing with the USAPL and certified USAPL referees.

Referee's Signature	USAPL	Nat.	INT'L	Squat	Bench	Deadlift	Total*
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official Weigher _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check box if weigher was not an official but suitably appointed by an official

Drug Testing Officer _____ (check one) Urine Blood

*If only a total record was set, three duly certified referees must have been present at the meet and sign this form.

ATHLETE'S SIGNATURE _____
 (Meet Director, Drug Testing Officer, Head Referee In Charge, and Record setters see the back of this form.)

This form is to be accompanied by: (1) Scale certification and date. 2) A copy of the USAPL Meet Sanction. 3) Meet results or score card. 4) Birth Certificate, if applicable.

THIS APPLICATION FORM MUST BE SENT TO THE NATIONAL OFFICE WITHIN 30 DAYS OF THIS MEET.
USA POWERLIFTING National Office - PO Box 668, Columbla City, IN 46725
(260) 248-4889 / (260) 248-4879 fax

Drug Testing Officer Signature _____ **Urinalysis** **Blood**
 Send test results to the National Office. (circle one)

For Meet Director only:

- _____ All meet equipment was measured prior to the competition and was found to be within the rules.
- _____ All Plates, bars, and collars were weighed prior to the meet and were found to be within the rules.
 (All competition plates, bars, and collars must be within 0.25% of the face value.)

Meet Director's Signature _____

Only when the weight of the plates, bars, and collars are not within rule limitations, fill out the following: Weight of each plate, bar, and collars.

	SQUAT	BENCH	DEADLIFT		
BAR	_____	_____	_____	American Records established in the Teen, Junior, Collegiate and Master divisions will be drug tested at the combined discretion of (3) officials: the Meet Director, the Head Referee in Charge and the USAPL President. In the absence of the President, the third official will be selected by the following order: 1st - The Drug Testing Officer; 2nd - The USAPL State Chair; 3rd - another Referee adjudicating the competition. All of the aforementioned officials should have attained the National level referee ranking. The (3) signatures of these officials below will constitute a waiver of the drug testing requirement for this particular American Record Application. All Open American Records continue to require 100% drug testing.	
COLLARS	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
PLATE	_____	_____	_____		
TOTAL	_____	_____	_____		_____

Addition checked by:
Chairman of the Jury
Head Referee In Charge

_____ Meet Director
 _____ Head Referee in Charge
 _____ USAPL President (or selected official)

Signature: _____