

APPLICATION FORM FOR A RECORD
Track Event



Email Records@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 (<i>Please type or use block capitals; tick where appropriate</i>)	

World Record Regional Record

APPLICATION DATA										
Event (e.g. 100m)				<input type="checkbox"/> Men						<input type="checkbox"/> 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										

RESULTS OF COMPETITION			
	Name	Country of Athlete	Result
1 st			
2 nd			
3 rd			

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				

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	

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				

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

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				

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	

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: _____