



WFTDA Application for Referee Certification

Section 1: Applicant Information

Name	Derby Name	WFTDA/USARS #	Date
League Affiliation (or Independent)		E-mail Address	Phone #

Section 2: Requested Certification Level

Level 1 and 2 can be requested concurrently, all other levels must be applied for independently upon renewal. Please check the boxes that apply. Appropriate supplemental documents must also be submitted in order for this application to be considered complete. **Renewal applicants do not need to resubmit the Code of Conduct or NDA.**

<p>Level 1:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Three (3) Referee Performance Evaluation forms from WFTDA member leagues. <input type="checkbox"/> Verification of passed league-administered rules test <input type="checkbox"/> Signed WFTDA Referee Code of Conduct Agreement <input type="checkbox"/> Signed WFTDA NDA (WFTDA League Affiliates Only) 	<p>Level 3:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must have officiated at least five (5) WFTDA Interleague games (regulation or sanctioned)¹ over the past 12 months <input type="checkbox"/> Five (5) Referee Performance Evaluation forms from WFTDA member leagues <input type="checkbox"/> Verification of passed league-administered rules test <input type="checkbox"/> Verification of passed league-administered skating skills test 	<p>Level 4:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must have officiated at least seven (7) WFTDA Interleague games (regulation or sanctioned) over the past 12 months <input type="checkbox"/> Seven (7) Referee Performance Evaluation forms from WFTDA member leagues. At least 3 of the cards must be from skaters <input type="checkbox"/> Verification of passed league-administered rules test <input type="checkbox"/> Verification of passed league-administered skating skills test <input type="checkbox"/> Letter of recommendation from at least one (1) L3 or L4 certified referee. 	<p>Level 5:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must have officiated at least seven (7) WFTDA Interleague games (regulation or sanctioned) over the past 12 months <input type="checkbox"/> Seven (7) Referee Performance Evaluation forms from WFTDA member leagues. At least 3 of the cards must be from skaters <input type="checkbox"/> Verification of passed league-administered rules test <input type="checkbox"/> Verification of passed league-administered skating skills test <input type="checkbox"/> Letters of recommendation from at least three (3) L3 or L4 certified referees
<p>Level 2:</p> <ul style="list-style-type: none"> <input type="checkbox"/> All Level 1 requirements met <input type="checkbox"/> Must pass league-administered skating skills test 			

Section 3: Compliance

By signing my name on the line below, I attest that my application is complete and correct and that I have met all the necessary Certification requirements for my desired level.

¹ A WFTDA Interleague Bout is played between two WFTDA member leagues according to the current WFTDA rules. A WFTDA Sanctioned Bout is a WFTDA Interleague Bout played between two WFTDA chartered teams that will count towards league rankings.

Section 4: Bout Experience Requirements

Please fill out the following section with as many bouts as possible; for each bout, completely fill in each box. Include as many bouts as you are able to, emphasizing Skating over Non-Skating experience, Sanctioned over Regulation experience, and Tournament over Non-Tournament experience.

Game 1	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 2	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 3	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 4	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 5	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 6	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)

Section 4: Experience Requirements

Game 7	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 8	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 9	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 10	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 11	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)
Game 12	Date of Bout	<input type="checkbox"/> WFTDA Regulation Bout <input type="checkbox"/> WFTDA Sanctioned Bout	Position(s) held (ex Outside Pack, non-skating; Jam Ref, Skating; etc.)
	Witness (Name, Role)		Witness Contact Information (e-mail address and/or phone number)
	Participant 1, League and Team (ex Carolina All-Stars)		Participant 2, League and Team (ex Tucson, Copper Queens)
Verified by (WFTDA Committee use only)			Date (WFTDA Committee use only)

Section 4: Referee Performance Evaluation Forms

Please list all parties who have or will be completing evaluations on your behalf. Evaluations are not valid unless/until they are verified.

1	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
2	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
3	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
4	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
5	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
6	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
7	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)

Section 5: Letters of Recommendation

Please list all parties who will be submitting letters on your behalf. Recommendations are not valid unless/until they are verified.

1	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
2	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)
3	Name	League Affiliation	Role
	Contact Information (e-mail address and/or phone number)		Verified by (WFTDA Committee use only)