

CHAIRMEN APPROVALS

(Office Use Only)

	District	Sectional	National
Provisional	_____	_____	n/a
Provisional Intercollegiate Umpire	_____	_____	n/a
Provisional Referee	_____	_____	n/a
Sectional Umpire	_____	_____	n/a
Sectional Chair	_____	_____	n/a
Sectional Referee	_____	_____	n/a
USTA Line	_____	_____	n/a
USTA Chair	_____	_____	n/a
USTA Chief Umpire	_____	_____	n/a
USTA Roving Umpire	_____	_____	n/a
USTA Referee	_____	_____	n/a
Intercollegiate Umpire	_____	_____	n/a
National Line	_____	_____	_____
National Chair	_____	_____	_____
National Chief Umpire	_____	_____	_____
National Referee	_____	_____	_____
Professional Line	_____	_____	_____
Professional Chair	_____	_____	_____
Professional Referee	_____	_____	_____
Professional Chief	_____	_____	_____
Associate Umpire	_____	_____	_____

CHAIRMEN NOTES

EXAM SCORES

Provisional _____ Umpire _____ Referee _____ ITA _____

Exam scores to be filled in by T/E or Sectional Chairman

**2009****OFFICIALS DATA CARD**

** For Certification in 2010 – Due to Sectional Chairman on 10/15/09*

Name: _____ Middle Initial: _____

USTA#: _____ Exp. _____ (MANDATORY)

Section: _____ District: _____

First Year Certified _____

FILL IN CONTACT INFORMATION BELOW (MANDATORY)

Address: _____

Primary Phone: _____

Secondary Phone: _____

Fax: _____ E-mail: _____

Sex: M F (OPTIONAL)

Shoe Size (US)

Shirt Size: XS S M L XL XXL XXXL

Men's _____

Men's _____

Women's _____

Women's _____

Ethnicity (OPTIONAL)

____ Asian/Pacific Islander

____ Native American/American Indian

____ Black/African American

____ Native Alaskan

____ Caucasian

____ Other

____ Hispanic/Latino

____ Two or more races

I hereby state that the data contained herein is a true and accurate record and personally attest to 20/20 vision, corrected or uncorrected.

Officials Signature: _____ Date _____

Dr's. Signature/License #: _____ Date _____

Doctors signature required during 2009 for 2010 certification