

# *Northern Mariana Islands Swimming Federation*

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## Verification of Official Time Application for Record Recognition

<b>THIS CERTIFIES THAT:</b> _____			
<i>Swimmer's Full Name, First Middle Last</i>			
Mailing Address: _____			
Date of Birth:	M:	D:	Y:
NMI Registered Swimmer	Year:	Gender:	Age:
Member Team: _____			
Swim Meet: _____			Date: _____
Location: _____			
Individual Event: _____			
Record Category:	Age Group:	Open:	
Official Time:		Previous Record:	
Watch#1:		Swimmer:	
Watch#2:		Date:	
Watch#3:		Other Info:	
Certified By Referee –			Date: _____
Certified By Head Timer –			Date: _____
Certified By Clerk of Course –			Date: _____

**NOTE:** For meets outside of NMI swimming, provide official results including meet location, date, course, etc. Official websites will also be accepted.

This verifies that the swim recorded above has been certified and officially recognized as a new Northern Mariana Islands Federation Record.

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NMISF President

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Date:

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