# OHIO TIME CERTIFICATION REQUEST

OHIO SWIMMING, INC.

**INSTRUCTIONS:**

1. Individual and Relay Event initial split times may be officially certified using this form. Pad times are preferred, but 3 watch times are also acceptable.
2. **Coaches**: Please complete the next section and present to the Referee well in advance of the event. Three (3) watches are encouraged (provided by you) in case of pad failure.
3. **Referee**: Please review the intermediate pad time and/or the 3 watch times. The Official Time is either the Pad Time or the Middle Watch Time if there is a failure of the primary timing system. The time certification forms may only be certified/signed by the Deck Referee or their designee. Please sign, date, and hand this form back to the Coach. The Coach is responsible for sending in the completed form to the OSI Permanent Office.

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SWIMMER'S NAME:_____ SEX:_____ DATE OF BIRTH:_____

USA ID #:_____ CLUB:_____

NAME OF MEET:_____ LOCATION:_____

DATE OF MEET:____/___/___ SANCTION #: _____ YARDS:_____ METERS: _____

EVENT ENTERED:_____ DISTANCE:_____ EVENT NO.:_____

EVENT TO BE CERTIFIED:_____ DISTANCE:_____

PAD TIME:____:_____.___

WATCH TIME #1____:_____.___ #2____:_____.___ #3:____:_____.___

**OFFICIAL TIME**:____:_____.___

INDICATE TYPE OF CERTIFICATION DESIRED:

STANDARD _____ INITIAL SPLIT_____ RELAY LEADOFF _____

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REFEREE'S SIGNATURE: _____ DATE: _____/_____/_____

**Coaches** – Make a copy of this completed form for your records.
E-mail this form to sanctioning@swimohio.com
The OSI Permanent Office will load the Official Time into the SWIMS database upon receipt of the paperwork and meet manager backup. If all fields are not accurately completed, the form will be returned to you for completion.

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