APPLICATION FOR AN ASIAN RECORD RACE WALKING EVENT



This form must be completed and dispatched within 30 days of the Asian Record performance (cf: Technical Rule 31.6) to:

Asian Athletics Association

Room 134 Thammasat Sport Complex Chiangrak Rd., Klongnueng, Klongluang, PAthumthani 12120, Thailand

APPLICATION IS HEREBY MADE FOR THE RATIFICATION OF THE FOLLOWING RECORD, IN SUPPORT OF WHICH THE BELOW INFORMATION IS SUBMITTED: (Please type or use block, tick where appropriate)

	Asian Record	Asian U20 Record	Asian Indoor Re	ecord				
	APP	LICATION DA	ATA					
EVENT NAME :			MEN	WOMEN				
RECORD TIME CLAI	MED :		TRACK	ROAD				
FULL NAME OF AT	HLETE :		COUNTRY	':				
Date Of Birth : D D M M Y Y								
NAME OF COMPET	ITION :							
Date Of event :		Time Of event	::					
City / Course :	D D M M Y	Y Country	:					
	RESU	JLT OF COM	PETITION					
	NAME		COUNTRY	RESULT				
lst:								
2nd:								
3rd:								
STARTER								
I certify that the start of the race was in accordance with World Athletics Rules.								
Starter :								
Signatur	e:							
	FULLY AUT	OMATIC TIMING	(IF APPLICABLE	Ξ)				
Make of Timing D								
Official Time Reco	orded:							
Chief Photo Finish J	udge:							
Signature:								

TRANSPONDER TIMING (IF APPLICABLE)						
Type and Make of Transp	oonder:					
Official Time Recorded:						
Chief Transponder Timing Judge:						
Signature:						

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 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.

Chief Timekeeper or Referee:

Signature:

RACE WALK JUDGES

I, a member of the World Athletics Panel of International Race Walking Judges or Area Level Judges, did officiate during the competition.

Name:	Country:	Signature:
Name:	Country:	Signature:
Name:	Country:	Signature:
Chief Race Walking Judge:		Country:

Signature:

COURSE (ROAD)

I, an "A" or "B" grade WA/AIMS approved course measurer, hereby certify that i have measured the course over which this event was held.

Measured Length of the Circuit:

Measurer:

Qualification:

Signature:

VALIDATION (ROAD)

I, an "A" or "B" grade WA/AIMS approved course measurer in possession of the complete measurement data and maps, certify that the course measured was the course walked by the athlete.

Measurer:

Qualification:

Signature:

	A	THLETIC	S FACIL	ITY				
The Facility holds a	a current valid World A	Athletics Facilit	y Certificate:	Cla	ss 1	Class	s 2	Indoor
			OR					
•	site complied with the ective parts of the Mea							
Technical Manager:								
Signature :								
		DOPINC		OL				
l, a member of the [Doping Committee	for the Comp	etition, certif	y that	a sampl	e for a c	doping te	st was obta
in accordance with	World Athletics Rul	les from the a	above mentic	oned at	hlete in	my pre	sence an	d dispatch
the following accred						C • 1		
NC	DTE : For relays, sam	ples must be	obtained froi	m ALL	membe	rs of the	e team.	
Date and Time of Dop	ping Sample Collection	n:						
Testing Laboratory :								

Doping Control Officer:

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 Athletics Competition Rules were complied with.

Referee:

Signature :

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

The <u>printed programme</u> of the Competition, the <u>complete results of the event</u>, copy of the <u>Photo finish and Zero</u> <u>Test i</u>mage in the case of a record where Fully Automatic Timekeeping was in operation, <u>Judges' Score Sheet</u>, <u>Official Results, Measurement and Re-measurement Report, Doping Control Form.</u> ADDITIONAL INFORMATION FOR HISTORICLE PURPOSES

Weather (Cond	itions:				
Intermed	iate	īmes:				
If Available:		Video of the record for Asian Athleti	cs use	Photograph of the Athlet	e	Press cuttings

RECOMMENDATION BY MEMBER FEDERATION

The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

 Member Federation:

 President or Secretary: (Name)

 Signature :

ASIAN ATHLETICS APPROVAL

Signature:

PRESIDENT

SECRETARY GENERAL

DATE