



## National Record (NR) Form for Event Sanction # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

The rules governing national records (NRs) in USA Powerlifting are described in Section 7.3 of the Rulebook. For state and regional meets only, this form must be completed (including signatures) for the NR(s) to be validated. This completed form (scan, picture) must be emailed to <tech@usapowerlifting.com> within 7 days.

Event Name: \_\_\_\_\_ Date of NR attempt(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Lifter Name: \_\_\_\_\_ Sex: ☐ F ☐ M Lifter Member #: \_\_\_\_\_

Lifter Email: \_\_\_\_\_ Body Weight: \_\_\_\_\_ kg NR Weight Class: \_\_\_\_\_ kg

NR Division: ☐ Y1 ☐ Y2 ☐ Y3 ☐ T1 ☐ T2 ☐ T3 ☐ JR ☐ **Open** ☐ M1 ☐ M2 ☐ M3 ☐ M4 ☐ M5 ☐ M\_\_\_\_\_

**Must be drug tested**

Session #: \_\_\_\_\_ Platform #: \_\_\_\_\_ Lift: **SQ** Attempt #: 1 2 3 Attempt: \_\_\_\_\_ kg ☐ raw ☐ equip.

Level of Event:

- ☐ state  
☐ regional

Meet type:

- ☐ full meet  
☐ single lift

Lift: **BP** Attempt #: 1 2 3 Attempt: \_\_\_\_\_ kg ☐ raw ☐ equip.

Lift: **DL** Attempt #: 1 2 3 Attempt: \_\_\_\_\_ kg ☐ raw ☐ equip.

Lift: **TOT** Attempt #: 1 2 3 Attempt: \_\_\_\_\_ kg ☐ raw ☐ equip.

By signing below, we the adjudicating referees confirm that all of the requirements as described in Section 7.3 of the rulebook were met for a valid NR.

Referee (printed name & signature)	Position		Rank					Adjudicated Lift(s)			
	Chief	Side	Nat.	Sr. Nat.	Int.	Sr. Int.		SQ	BP	DL	TOT
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ↓ To Be Completed By Meet Director or Event Technical Secretary (TS) ↓

- If an *open* NR (equipped or raw) was set, lifter was drug tested. (circle one): Y N N/A (not applicable)  
- If an age-based NR was set, proof of age confirmed (see below). (circle one): Y N N/A (not applicable)

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ ☐ Driver's License ☐ Passport ☐ Other: \_\_\_\_\_

Official's Name: \_\_\_\_\_ Official's Signature: \_\_\_\_\_