

APPLICATION FOR OFFICIATING PERMIT THROUGH RECIPROCITY

I. PERSONAL DATA: (Please type or print clearly. Your full name is required -- Do Not Use Nicknames)

1. NAME _____
Last First Middle

2. ADDRESS OF RESIDENCE _____
Number & Street or Rural Route

3. CITY/STATE/ZIP CODE _____
County

4. TELEPHONE #: B: (____) _____ H: (____) _____ C: (____) _____

5. SOCIAL SEC. #(ONLY last 4 digits) _____

6. ARE YOU PRESENTLY 18 OR OLDER? YES / NO 7. ARE YOU ENROLLED IN HIGH SCHOOL? YES / NO

8. I have been convicted of a felony Y/N. If yes, describe _____

9. I have been convicted of a crime against a minor or a crime of violence. Y/N. If yes, explain _____

II. OFFICIATING EXPERIENCE:

COMPLETE ALL APPROPRIATE BLANKS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

1. I am currently registered with the OHSAA. Yes _____ No _____ Sport _____ Permit # _____

2. I have previously applied to the OHSAA for officiating. Yes _____ No _____ Year _____

3. I have previously been registered to officiate by the OHSAA. Yes _____ No _____ Year _____ Permit # _____

4. I have previously been registered to officiate by another state. Yes _____ No _____ State _____

Address while in that state: _____

Name and address to obtain your records _____

5. Name of local officials association where you are a member _____

III. RECIPROCITY REQUEST must be completed within three (3) months after establishing residence in Ohio.

Please include copies of all officiating permits from the previous states.

1. Date residence established in Ohio _____

2. The Reciprocity Fee is \$60.00 per first sport, \$30.00 each additional sport.

<u>Name of sport in which reciprocity is requested</u>	<u>Number of years experience</u>	<u>State or States</u>
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2.1 _____	_____	_____
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2.2 _____	_____	_____
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2.3 _____	_____	_____
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IT IS NECESSARY FOR ALL USGF AND USFHA OFFICIALS TO SEND A COPY OF YOUR CURRENT OFFICIATING PERMIT ALONG WITH THIS APPLICATION!

IV. MEETING REQUIREMENTS

All officials have Local meeting requirements Except Field Hockey and Gymnastics. I agree I will attend the required number of Local Association meetings. Please initial here _____. Information on requirement is available in the Officials Handbook. Meetings can be located at the following link, <http://myohsaa.ohsaa.org/public/homepage.aspx>.

V. CERTIFICATION: I hereby certify that the information above is correct to the best of my knowledge and belief. If I am issued an officiating permit by the Ohio High School Athletic Association, I acknowledge that when I am employed as an official that I am an independent contractor not an agent. FAILURE to provide truthful answers to any information will result in the refusal of this application and/or suspension as an OHSAA sports official.

SIGNATURE _____

NOTE: A check for the correct amount is payable to OHSAA and must accompany application! Date _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

OFFICE USE ONLY

Books Sent _____ Date _____ Check _____ M.O. _____ Cash _____