



# JUDGING ACCREDITATION EXEMPTION ELIGIBILITY FORM

A candidate may begin testing at Level 9 if they are a former or present Regional/National Level 10 or Collegiate coach, or a Regional/National qualifier as a Senior Level 10 or Collegiate gymnast. Those qualified individuals may begin testing at Levels 5/6 and/or Level 9.

A candidate may begin testing at Level 10 if they are a former or present Elite Coach or Senior Elite gymnast who participated at a National Elite Classic or above competition. Those qualified individuals may begin testing at Levels 5/6 and/or 10.

**This form must be completed and submitted to the Test Administrator prior to administration of the test. The Test Administrator sends it in the exam packet to the National office.**

## APPLICATION INFORMATION

REGISTRANT NAME (INCLUDE MAIDEN NAME) \_\_\_\_\_ USAG MEMBERSHIP # \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_ SOCIAL SECURITY # (REQUIRED) \_\_\_\_\_  
BIRTH DATE (LEVEL 9-MINIMUM AGE 18, LEVEL 10-MINIMUM AGE 20) \_\_\_\_\_  
EMAIL \_\_\_\_\_

## EXPERIENCE

HIGHEST LEVEL COMPETED/COACHED \_\_\_\_\_  
NAME OF CLUB OR INSTITUTION \_\_\_\_\_  
LIST QUALIFYING COMPETITIONS IN WHICH YOU COMPETED/COACHED (INCLUDE DATES): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_  
POSITION \_\_\_\_\_

**This form must be signed by a USA Gymnastics National, Regional, or State Officer or  
by a Collegiate Coach/Athletic Director**