

Athletes Details

Name _____ Male Female

Full Mailing Address _____

City _____ State _____ Zip Code _____

H Phone(_____) _____ Cell(_____) _____ E-Mail _____

National Federation APF AAPF Both Registration Number _____

Date of Birth _____ Age Last Birthday _____

Details of Record Being Claimed

Name of Competition _____ Location _____

Date _____ Competition Body Weight _____ kg Weight Class _____ kg

Category and Division

APF WPC Full Meet Raw SP (single ply)
 AAPF AWPC Bench Only CR (classic raw) MP (multi ply)
 Deadlift Only

Open Teenage 13-15 16-17 18-19
 Junior 20-23 Master 40-44 45-49 50-54 55-59 60-64
 Submaster 33-39 65-69 70-74 75-79 80 up

Enter all your Lifts - Enter in kilos only

Record Claim	First Attempt	Second Attempt	Third Attempt	Fourth Attempt
SQUAT	kg	kg	kg	kg
BENCH PRESS	kg	kg	kg	kg
DEADLIFT	kg	kg	kg	kg
TOTAL				kg

World & National Record Certification

World Records can be set at National, and International competitions. According to the AWPC/AAPF Rules no record will be considered unless entered on this Records Claim Form, which must be duly signed by the Athlete, the Referees adjudicating the lift(s), the Official Weigher and the appointed Technical Officer of the Competition. Certified platform scales must have been used at the weigh in and a copy of the certification certificate attached to this claim. The bar and weights must have been weighed before the competition or immediately after the Record Attempt. The Athletes costume and personal equipment must have been inspected and conform to the requirements of the AWPC/AAPF Rules. A minimum of two World Referees affiliated to the AWPC/AAPF is required to certify a Record.

We have witnessed the correct performance of the above lift(s) and have checked the weight of the bars and discs. The lifter weighed in within 24 hours of the competition. The lifter and his/her attire have been checked and conform to the requirements of the AWPC/AAPF Rules. We are current members in good standing with the American Powerlifting Federation.

Signature _____ Signature _____ Signature _____

Print name _____ Print name _____ Print name _____

Technical Officer Signature _____ Official Weigher Signature _____

I have checked all data and agree all is correct: Athletes Signature _____ Date _____

Mail to: APF Headquarters, 505 Westgate Drive, Aurora, IL 60506 USA