

NEW JERSEY STATE REFEREE COMMITTEE

WWW.NJREFS.COM



Individual Request to Work at Sanctioned Youth Competitions in New Jersey

This form must be completed for any non-NJ-certified referee requesting to work at sanctioned youth competitions within New Jersey, including tournaments and leagues. Approval must be provided for each calendar year.

Official: Please fill out completely the section labeled “*Official*”. Submit the completed information to your State Referee Administrator (SRA). Please allow sufficient time for it to be processed. Once returned to you, please submit a copy of it to each NJ competition authority for which you work.

SRA/SRC: Please complete the attestation in the section labeled “*Official’s Home Referee Committee*”. Please return the form to the Official once completed.

NJ Assignor: Please retain the form for each official for your records. Do not assign an official without the proper attestation by the home State Referee Committee. Continue to require officials to notify you immediately if they are suspended or otherwise ineligible to work in their home state.

Official

Complete Name (as registered): _____

Year: _____

USSF Referee ID Number: _____

Registered State: _____

Official’s Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

Primary Email Address: _____

Certifications: SOCCER REFEREE (GRADE: ___) FUTSAL INDOOR BEACH

NJ Competition(s) (if known): _____

Signature of Official: _____ Date: _____

I agree to notify the competition(s) and the NJSRC immediately if I become ineligible to assign in my registered state.

Official’s Home Referee Committee

An email containing the same information below from the SRC can be substituted for completion of the form.

We attest that this official is in good standing with our organization and is certified for the year indicated.

THIS OFFICIAL HAS PARTICIPATED IN A RISK MANAGEMENT PROGRAM THAT INCLUDES A BACKGROUND CHECK; **OR**

WE DO NOT PROVIDE OR TRACK RISK MANAGEMENT PROGRAM PARTICIPATION AND BACKGROUND CHECKS

SRA or Designee Name/Title: _____ Date: _____

SRA or Designee Email Address: _____ State: _____

SRA, please notify the NJ State Referee Committee office as soon as possible should this assignor be suspended or otherwise declared ineligible to work as an assignor in your state.