



**Request for exemption of prerequisite required to apply for Level 2 certification**

Name \_\_\_\_\_ Date \_\_\_\_\_

City, State \_\_\_\_\_ Age \_\_\_\_\_

Playing Experience

Coaching Experience

Ice Hockey Officiating Experience

Why should you be granted an exemption so that you may apply for Level 2 certification?

Submit completed form to:

Bob Cunningham  
USA Hockey Central District Referee In Chief  
cendistrict@gmail.com

Approved \_\_\_\_\_ Denied \_\_\_\_\_