|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of nominating National Federation |  | | | | | | | |
| Date of nomination | Day |  | Month | |  | | Year |  |
| Technical Official Information | | | | | | | | |
| Name of official  *(last name, first name)* |  | | | | TO’s ID  number | |  | |
| Gender | Male |  | | Female | |  | | |
| Birth Date | Day |  | Month | |  | | Year |  |
| Passport number |  | | | | | | | |
| Postal Address |  | | | | | | | |
| Phone |  | | | | | | | |
| E-mail |  | | | | | | | |
| Years in triathlon |  | | | | | | | |
| Recent TO Experience: *Must be a Certified NTO.* Please list previous officiating experience &participation on events as technical official (in triathlon) | 1. | | | | | | | |
|  | 2. | | | | | | | |
|  | 3. | | | | | | | |
| Technical Official Profile  \*Please, provide a brief description of the official character and abilities. Include a rationale for nominating this official. |  | | | | | | | |
| Please indicate if you have any special nutritional requirements |  | | | | | | | |
| Medical Insurance Details (insurance plan and number)Please fax a copy of insurance certificate with this fax |  | | | | | | | |
| Please list name and contact phone number and email of at least TWO contacts we can use in the case of an emergency. |  | | | | | | | |

**Forms emailed to: Ki, Woo Kyong - ki.wookyong@astc.triathlon.org**

**Closing date for applications: Closing date for applications: 15 February, 2017**