



☐ Certification ☐ Recertification

Please print clearly each candidate's information

✓ Satisfactory performance

F	Fail
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[illegible]

Total Pass

Instructor information

Course information

Name / Last name:	Started on:	(dd/mm/yy)	(dd/mm/yy)
Member #:	Course location:		
E-mail:	Affiliate:		Affiliate #:
Signature:	☐ Exam fees attached ☐ Exam fees not attached, send invoice		

Return completed test sheet to Lifesaving Society Branch office promptly after the course (max 2 weeks).

Retain one copy for your records

Do not send cash by mail

☐ Check box if there are more candidates on other page

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