

AMATEUR ATHLETIC UNION



Powerlifting Certificate

Record Application

Download this application and fill out one form for each record you have attained. The AAU Staff will verify the record prior to mailing your Record Certification. We will only process fully completed applications.

Please, print information:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Record Information

State Record____(State) American Record World Record

Weight Lifted: _____ lbs. or kgs. Raw Assisted

Bench Deadlift Squat Full Meet Total Single Bench Single Deadlift

Location of the Meet: _____ Date: ___/___/___

Age: _____ Meet Director: _____

You must check **Weight Class** and **Division** on page two of this application

CIRCLE WEIGHT CLASS: Kilograms/Pounds

Check the box to the left of the Division:

FEMALE: 30/66 35/77 40/88 44/97 48/105 52/111
56/123 60/132 67/148 75/165 82/181 90/198
100/220 100/220+

MALE: 30/66 35/77 40/88 44/97 48/105 52/114 56/123
60/132 67/148 75/165 82/181 90/198 100/220
110/242 125/275 140/30 140/308+

Check the box to the left of the Division:

Special Athlete Youth (6-7) Youth (8-9) Youth (10-11)
Teen (12-13) Teen (14-15) Teen 16-17) Teen (18-19)
Junior (20-23) Junior Law/Fire/Military Open (any age)
Open Law/Fire/Military Sub-Master (35-39) Sub-Master Law/Fire/Military
Master Master Lifetime Master Law/Fire/Military
(Master Division 40 years and older)

Enclose a check or money order for \$7.00 for each Certificate requested.
Includes shipping and Certificate Holder

Send application and checks to:
Virginia Powerlifting Association, Inc.
10012 Meadow Pond Rd.
Mechanicsville, Virginia 23116

Please allow 3 - 4 weeks for delivery

VAPowerlifting@aol.com or call 804-559-4624 between 7 - 9 pm (EST)

For Staff use only.

Date received: ___/___/___ Date verified: ___/___/___ Date sent: ___/___/___

Comments: _____