



Surf
Revised 2012

Side 1: Please **print** each candidate's name and contact information legibly.

Prerequisites checked	Run-swim-tow †	Run-swim-run †	Victim carry †	Surf beach analysis	Lifeguard communication	Scanning & observation	Positioning & rotation	Intervention	Entries & removals	Use of rescue craft †	Skin diving skills	Search: missing person	Mgmt: distressed or drowning victim †	Mgmt: submerged, non-breathing victim †	Mgmt: spinal-injured victim †	Mgmt: injured swimmer †	Lifeguarding situations †	Result
	1a*	1b*	1c*	2*	3*	4a*	4b*	4c*	5*	6*	7*	8*	9a*	9b*	9c*	9d*	10	
* Items are instructor-evaluated † Items are mandatory during recert																		
1 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone			Year	Month	Day	Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____												
2 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone			Year	Month	Day	Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____												
3 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone			Year	Month	Day	Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____												
4 Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone			Year	Month	Day	Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____												

Check this box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Instructor information

Instructor's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam information

Exam date: _____ YY MM DD

Exam is: Original **OR** Recert

Facility name (e.g., name of pool) _____ Telephone _____

Awards information Awards issued by affiliate Awards not issued

Payment information Exam fees attached Exam fees not attached

Send invoice or receipt to:
Host name (Affiliate) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____



Surf
Revised 2012

Side 2: Please **print** each candidate's name and contact information legibly.

Prerequisites checked	* Items are instructor-evaluated										† Items are mandatory during recert										Result						
	1a*	1b*	1c*	2*	3*	4a*	4b*	4c*	5*	6*	7*	8*	9a*	9b*	9c*	9d*	10										
5 Last name: _____ [M] [F] First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____	Gender: [M] [F]	Date of birth: _____ Year: _____ Month: _____ Day: _____																									
			Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																								
			6 Last name: _____ [M] [F] First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____	Gender: [M] [F]	Date of birth: _____ Year: _____ Month: _____ Day: _____																						
						Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																					
						7 Last name: _____ [M] [F] First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____	Gender: [M] [F]	Date of birth: _____ Year: _____ Month: _____ Day: _____																			
Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																											
8 Last name: _____ [M] [F] First name: _____ Address: _____ City: _____ Prov. _____ Postal Code: _____ E-mail: _____ Phone: _____	Gender: [M] [F]	Date of birth: _____ Year: _____ Month: _____ Day: _____																									
			Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____ Recert: NLS Date earned: _____ Location: _____																								

Check this box if there are more candidates on the reverse side of this page.
This test sheet is Page _____ of _____ Pages

- Satisfactory Performance

- Fail

Total Pass for Exam

Total Fail for Exam

Host name (Affiliate) _____

Telephone _____

Please complete Instructor, Awards and Payment information sections on Side 1 of the test sheet. Host name, Exam information and Examiner sections must be completed on both sides 1 and 2 of the test sheet.

Exam information

Exam date: _____ Exam is:
 YY MM DD Original **OR** Recert

Facility name (e.g., name of pool) _____

Telephone _____

This section to be completed by the NLS Examiner who examined the candidates.

Examiner's name _____

ID# _____

E-mail address _____

Telephone _____

Signature _____