



LIFESAVING SOCIETY
The Lifeguarding Experts

Bronze Cross Recertification

(Revised 2020)

This test sheet for Recertification exam candidates only.

Side 1: Please record each candidate's name, and contact information accurately.

Date of birth	Prerequisites checked										Result
		8	10	11	12	13	15	16	17		
1											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
2											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
3											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
4											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
5											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
6											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											

Check box if there are more candidates on the reverse side of this page. - Satisfactory Performance - Fail Total Pass for Exam Total Fail for Exam

This is Page _____ of _____ Pages.

Invoicing Information

Host name (Affiliate or Organization paying the exam fees) _____ Telephone _____

Street address _____

City _____ Prov. _____ Postal code _____

Individual who examined the candidates

Examiner's name _____ ID# _____

E-mail address _____

Telephone _____ Signature _____

Exam Information

Exam date: _____

YY MM DD

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



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Side 2: Please record each candidate's name, and contact information accurately.

Date of birth	Prerequisites checked										Result
	8	10	11	12	13	15	16	17			
7											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
8											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
9											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
10											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
11											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
12											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											
13											
Name.....	Year	Prerequisites:									
Address.....	Month	Bronze Cross Date earned: Location:									
City..... Postal Code	Day										
E-mail Phone											

Check box if there are more candidates on the reverse side of this page. This is Page _____ of _____ Pages. - Satisfactory Performance - Fail Total Pass for Exam Total Fail for Exam

Please complete all sections on Side 1 of test sheet. Host, exam information and examiner sections must be completed on both sides 1 and 2 of the test sheet.

Invoicing Information Host name (Affiliate or Organization paying the exam fees) _____ Exam Information Exam date: ____ YY ____ MM ____ DD	Individual who examined the candidates Same as Side 1 <input type="checkbox"/> (sign below) or Examiner's name _____ ID# _____ E-mail address _____ (_____) _____ Telephone _____ Signature _____
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