



**Surf**  
Revised 2012

Side 1: 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				
1																		Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Year Month Day	Gender Date of birth	
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	Gender Date of birth	
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	Gender Date of birth	
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	Gender Date of birth	
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: \_\_\_\_\_ 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								
<b>5</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																								
		Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____										Prereq.: Recert: NLS Date earned: _____ Location: _____													
		<b>6</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																						
				Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____										Prereq.: Recert: NLS Date earned: _____ Location: _____											
				<b>7</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																				
Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____										Prereq.: Recert: NLS Date earned: _____ Location: _____															
<b>8</b> Last name <input type="checkbox"/> M <input type="checkbox"/> F First name Address City Prov. Postal Code E-mail Phone	Gender Date of birth Year Month Day																								
		Prereq.: Original: NLS Waterfront Date earned: _____ Location: _____										Prereq.: 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:  
 Original **OR**  Recert  
 YY MM DD

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