# Appendix 13 - NEW ZEALAND RECORD APPLICATION Form

Delete as applicable (1) New Zealand Championship

(2) Best New Zealander Performance

Date of the performance:

**VELODROME**

Name and Location of Track

Track Measurement metres Covered or Open: UCI Homologation Date:

**INFORMATION FOR PROCESSING**

Name of Meeting or Special Attempt:

Date:

Event: Distance:

Time (Record):

Start (standing or flying):

Name of the rider:

Centre:

Licence number: Category:

Doping Control: Yes / No Sample Collection Authority:

During an event / Special Attempt: Bike Check:

**Attestation of the result by Officials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| We, the undersigned officials confirm that the record information as set out within this document was achieved according to the UCI Regulation:  Times shown were recorded on Automatic Timing Equipment Yes / No  Details of Automatic Timing Equipment – Manufacturer: Serial Number:  Automatic Timer Printout – Attached Yes / No  Manual Time – Attached Yes / No  **Chief Timekeeper: Name Signature**  And assistant timekeepers x3  Electronic Timing: Name  **Commissaire overseeing event: Name Signature** |  | |  |  |
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