



ADDITIONAL LICENSES ALLOCATIONS REQUEST FORM
FIBA GAME OFFICIALS LICENSING PERIOD 2025-2027

Please provide the information and professional arguments for Additional Game Officials' Licenses Allocations, if any. The completed form must be submitted by e-mail to the FIBA Referee Operations at GOL@fiba.basketball and the respective FIBA Regional Office.

REFEREE CANDIDATES

In case of multiple candidates, please prioritize them by entering their information from 1 to 3 respectively.

Ranking No	Role	Name and Surname of the Game Official	Gender (Male/Female)	Date of Birth (dd/mm/yyyy)
1.	Referee			
Experience in the top level national competition		Men/ Women	Number of years	
Experience in the top level national competition		Men/ Women	Number of years	
Participation at FIBA national potential referees camp(s)		Yes/No	Year	Place (Country)
Other information and Comments				
2.	Referee			
Experience in the top level national competition		Men/ Women	Number of years	
Experience in the top level national competition		Men/ Women	Number of years	
Participation at FIBA national potential referees camp(s)		Yes/No	Year	Place (Country)
Other information and Comments				
3.	Referee			
Experience in the top level national competition		Men/ Women	Number of years	
Experience in the top level national competition		Men/ Women	Number of years	
Participation at FIBA national potential referees camp(s)		Yes/No	Year	Place (Country)
Other information and Comments				

The form to be submitted to GOL@fiba.basketball and the respective FIBA Regional Office



COMMISSIONER CANDIDATE

No	Role	Name and SURNAME	Gender (Male/Female)	Date of Birth (dd/mm/yyyy)
1.	Commissioner			
Experience in the top level national competition		Men/ Women	Number of years	
Experience in the top level national competition		Men/ Women	Number of years	
Other information and Comments				

Date and Place	
National Federation	
Name and Signature of the requesting National Federation's Representative	