

**Los Angeles County Fire Department  
Lifeguard Division**

**OCEAN LIFEGUARD CANDIDATE/RECURRENT  
1000 Meter Swim Certificate**

COMPLETED FORM MUST BE ATTACHED TO EMPLOYMENT APPLICATION

Candidate Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Information below must be completed by a Pool Manager, Lifeguard, Swim Coach, or other Aquatic Professional.**

**This portion is to be completed by the Aquatic Professional observing the swim:**

I certify that I observed \_\_\_\_\_ complete a  
(Candidate's Name)  
1000-meter pool swim.

They completed the swim in \_\_\_\_\_ minutes and \_\_\_\_\_ seconds.

Authorize Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(AUTHORIZE SIGNATURE DOES **NOT** INCLUDE, relative/family member)

Your Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Best time to call to verify: \_\_\_\_\_