



FIBA Licence Application Form

* Indicates a mandatory field

Submission Date: _____

Include your full name as seen on your passport

Last name*: _____

CC#: _____

First and Middle Name(s)*: _____

I don't know my CC#

DOB*: _____

Gender*: _____

Citizenship*: _____

Second Citizenship: _____

Current City of Residence and Country*: _____

Education*: _____

Mobile #: _____

Email that FIBA can use for on-going communication*: _____

Please check the boxes below that apply to you:

I have included all following with this application:

My CANADIAN Passport as a JPEG, GIF or BMP file

A headshot to be used for my FIBA Coaching Card as a JPEG, GIF or BMP file

I am aware that my Date of Birth will show on the [FIBA website](#)

\$100 Registration Fee (only applies after August 15 2014)

I am (at minimum):

A Train to Compete Certified Coach

OR

A Level 3 certified coach with the Make Ethical Decisions Competition – Development (MED – Comp-Dev) Module and/or Evaluation





I WOULD like my FIBA Licence card to be mailed to this complete address below:

Street Address: _____

City, Province: _____

Postal Code: _____

Canada Basketball would like thank you for your interest and application for your FIBA Licence. Please note that the information above is the information requested by FIBA. If you have any further questions please refer to the document ['FIBA Licence – What do I do'](#) or contact us at certification@basketball.ca.

Please save this completed adobe file and email it back to certification@basketball.ca.