

Form 3 – To be Completed by the Second ADO

Name of the ADO: _____

Date of receipt of Notice of Athlete's retirement (including a copy of the written retirement notice sent by the Athlete if the Athlete was included in the RTP of both ADOs):

____/____/____
DD/ MM/ YYYY

Information Regarding the Athlete:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____
DD/ MM/ YYYY

Sport / Discipline: _____

Name of RTP(s) the Athlete was included in _____

Period of inclusion in the RTP prior to the Athlete's retirement (if applicable):

____/____/____ to ____/____/____
DD/ MM/ YYYY DD/ MM/ YYYY

Information Regarding the Application:

Was the Request Complete: Yes No

Was the Request Properly Substantiated: Yes No

Date where the ADO received the Exemption Application: ____/____/____
DD/ MM/ YYYY

Date of the Athlete's inclusion in the RTP after their notice of intent to return to competition (if applicable):

____/____/____
DD/ MM/ YYYY



Second ADO's reasoned opinion on the application. The Guidelines published by WADA can offer guidance to the First ADO.

Name and signature of the ADO representative:

Name: _____

Date: ____/____/____ Signature: _____