



# APPLICATION TO ELEVATE LEVEL TO TRACK AND SEARCH TRIAL JUDGE

FULL NAME : (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
Surname Christian Name

ADDRESS : \_\_\_\_\_  
P/Code \_\_\_\_\_

TELEPHONE No. : \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile)

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP No. : \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_\_ (applicant must be at least 18 years of age).

**APPLICATION MUST BE SUBMITTED WITH THE APPROPRIATE FEE WHEN ELIGIBLE  
TO DOGS WEST 602 WARTON ROAD SOUTHERN RIVER WA 6110**

### APPLICANT'S DECLARATION

I declare that I am physically fit and capable of judging in accordance with the Rules and if required I am prepared to undergo a medical fitness test and/or vision test at the discretion of the Member Body of ANKC Ltd. I further accept that my Member Body may at its absolute discretion refuse to grant any renewal of licence and may cancel or suspend for any period or vary in any way any licence already granted or to be granted. (Amended 10/15, 7.5.1.1)

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: If application is successful, the applicant must achieve a pass in a written examination on the Rules for Track and Search Trials.

**PLEASE COMPLETE IN FULL ALL REQUIREMENTS ON THE REVERSE OF THIS FORM.**

### PAYMENT BY CREDIT CARD

Expiry Date: \_\_\_\_ / \_\_\_\_ Amount \$ \_\_\_\_\_  
Cardholders Name: \_\_\_\_\_  
Card No. [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]  
Signature: .....

- Bankcard
- Mastercard
- Visa

**OFFICE USE ONLY**

Date Received:  
CAWA Membership: Fin/Unfin  
Updates  
ANKC Database:  
Judges Master:  
Judges List:  
CAWA Website:  
ANKC Website :

**INFORMATION REQUIRED FOR APPLICATION TO ELEVATE LEVEL TO TRACK AND SEARCH TRIAL JUDGES**

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**1. Track and Search**

I have an ANKC Ltd Tracking Champion Judging Licence.

Judged at least five (5) dogs at sanctioned Tracking Trial/s and stewarded at least two (2) Track & Search Dog trials.

Details:

**NB:** Judging and Stewarding forms to be attached where applicable.

**2. Other appropriate information in support of this application. (If insufficient space, further detail maybe attached.**

**3. Should you wish to apply for inclusion under the special eligibility clause, please attach written proof of your case.**

I certify that the above (and attached) information is correct.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ALL REQUIREMENTS MUST BE FULLY COMPLETED PRIOR TO SUBMITTING THIS FORM.**

**APPLICATIONS WILL NOT BE CONSIDERED THAT ARE NOT ACCOMPANIED WITH ALL OF THE ABOVE REQUIREMENTS.**