



# APPLICATION TO ASPIRE AS A CONFORMATION JUDGE

FULL NAME : \_\_\_\_\_  
Title Surname Christian Name

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

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

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

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

**APPLICATION MUST BE SUBMITTED, WITH THE APPROPRIATE FEE BY:**  
**Close Date and Time: 5pm on 1<sup>st</sup> December, or where this falls on a weekend or public holiday,**  
**by close of business on the next working day, each year.**  
**Valid 12 months 1<sup>st</sup> December – 30<sup>th</sup> November for year following closing date**  
**Fees: must be paid with Application – see current Fee List**

**Late Applications, Applications without Fees or Applications with incorrect Fees will not be  
accepted or processed and will be returned**

Applications with Fees must be lodged with Dogs West, 602 Warton Rd,  
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. **(05/93, 7.2.1) (Amended 10/13 – 5.6.4) (Amended 10/14, 7.5.12) (Amended 08/15, EM#117) (Amended 10/15, 7.5.1.1)**

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

NOTE: If application is successful, the applicant must achieve a pass in the following examinations to achieve 'Trainee' status. Rules & Regulations, Anatomy and Group Entrance Exam.

**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 FROM ASPIRING CONFORMATION JUDGES

1. Length of continuous membership of CAWA or other ANKC affiliate \_\_\_\_\_ years.  
 Membership No.(s) and years \_\_\_\_\_  
 (Minimum period of 8 years during the 10 years immediately prior to the date of application.)  
 (The Association will consider an application from a person transferring from another State or Territory of Australia, or overseas, who can provide evidence that his/her canine experience extends over a minimum period of eight (8) consecutive years as a member of the canine controlling body in the State, Territory or Country of prior residence).
2. Breeders Prefix : \_\_\_\_\_ Breed/s : \_\_\_\_\_  
 \_\_\_\_\_ Please List \_\_\_\_\_ Please List
3. Have bred at least three (3) litters under **OWN** or **SHARED** prefix (Please List) :  
 \_\_\_\_\_ Date Whelped : \_\_\_\_\_  
 \_\_\_\_\_ Date Whelped : \_\_\_\_\_  
 \_\_\_\_\_ Date Whelped : \_\_\_\_\_
4. Have bred at least 2 Show Champions under their **OWN** or **SHARED** prefix. Define any other success in the Show Ring. **Minimum of 5 Champions for SINGLE BREED applicants.**  
**ATTACH COPIES OF THE CERTIFICATES OF REGISTRATION/CHAMPION CERTIFICATES.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Have successfully completed the Dogs West Stewards' Course and ring and gate steward on no less than 6 occasions of which 3 must be full groups at Championship Shows for a minimum of 300 dogs (within the two years preceding this application). **ATTACH COPY OF DOCUMENTATION TO THIS APPLICATION.**
6. Other appropriate information in support of this application. (If insufficient space, further detail maybe attached.)
7. Please indicate the Group for which you are applying \_\_\_\_\_

F  
O  
R  
  
O  
F  
F  
I  
C  
E  
  
U  
S  
E  
  
O  
N  
L  
Y

I certify that the above (and attached) information is correct and that I am physically capable of judging in accordance with the Rules and Regulations and in the normally accepted manner.

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

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

**APPLICATIONS WILL NOT BE CONSIDERED UNLESS ACCOMPANIED BY ALL THE SUPPORTING DOCUMENTATION AND/OR INFORMATION REQUIRED.**