



APPLICATION TO

ASPIRE or ELEVATE* Name of Class: _____

*(only complete page 1 and Q6)

AS AN OBEDIENCE TRIAL JUDGE

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

ADDRESS : _____
P/Code _____

TELEPHONE No. : _____ (Home) _____ (Work)

EMAIL ADDRESS: _____

MEMBERSHIP No. : _____

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

**APPLICATION MUST BE SUBMITTED WITH THE APPROPRIATE FEE BEFORE
CLOSING DATE AS ADVERTISED IN THE CANINE NEWS 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 Obedience 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 FROM ASPIRING OBEDIENCE TRIAL JUDGES

1. Length of continuous membership of Dogs West or other ANKC affiliate _____ years.

Dogs West Membership No.(s) and years _____

(Minimum period of 3 years 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 three (3) consecutive years as a member of the canine controlling body in the State, Territory or Country of prior residence).

2. I have instructed in obedience training with an affiliated club for a period of at least two years during the last five years.

Name of Club _____

Length of Time: _____

Relevant Dates: _____

ATTACH COMPLETED STATEMENT OF SUPPORT FROM CLUB CONCERNED

5. Have successfully trained and competed with a dog to gain the title of CCD:

Name of Dog _____ Registration Number _____

Date title ratified by Dogs West: _____

6. Other appropriate information in support of this application or Elevation to the next stage Refer Regulation O 4.6-4.7). If insufficient space, further detail maybe attached. (Fees applicable both Theory & Practical Exam)

7. Should you wish to apply for inclusion under the special eligibility clause (ANKC Part 3C: 3.3), 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.



ASPIRE APPLICANTS ONLY

STATEMENT OF SUPPORT

I _____
(Please print full name)

currently _____
(Position in Club, e.g. President, Secretary etc.)

of _____
(Name of Club)

verify that _____
(Print Name of Applicant)

has been an Obedience Instructor at club training for _____
(Number of Years)

during the years _____
(State years involved, for example 1998 – 2004)

I certify that the above information is correct.

SIGNATURE _____ **DATE** _____