



ANKC JUNIOR HANDLER JUDGES APPLICATION FORM

(Please Print *ALL Information Clearly*)

Application for accreditation to be a Junior Handler Judge

The applicant must have been a member of a controlling body for 5 years and must be over the age of 18 years

Name.....

Dogs West Membership number.....

Expiry date.....

Address.....

.....

.....Post Code.....

Telephone Number.....

Mobile Number.....

E-mail address.....

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.....