



# APPLICATION

TO ASPIRE  or ELEVATE\*  Name of Class \_\_\_\_\_

\*(only complete page 1 and Q5)

# AS AGILITY TRIAL JUDGE

FULL NAME : (Mr/Mrs/Ms/Miss) \_\_\_\_\_  
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 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 Agility 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 AGILITY TRIAL JUDGES**

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1. 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 five (5) consecutive years as a member of the canine controlling body in the State, Territory or Country of prior residence).

2. Have successfully trained and competed with a dog to gain the following titles:

AD                       ADX                       ADM

Date title ratified by Dogs West: \_\_\_\_\_

**OR**

I have instructed in agility 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**

**OR**

I have officiated as a Chief Steward, scribe or timekeeper at five ANKC trials in the preceding three years.

Name of Club: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Club: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Date: \_\_\_\_\_

5. Other appropriate information in support of this application or Elevation to the next stage. Refer Regulation K-4.7. If insufficient space, further detail maybe attached.

6. Should you wish to apply for inclusion under the special eligibility clause (K4.2.5), please attach written proof of your case.

7.

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 Agility 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** \_\_\_\_\_