



APPLICATION FOR CSHA SENIOR JUDGE'S LICENSE

Complete this form with a non-refundable filing fee of \$50.00 payable to CSHA and return to address noted below.

Note: One fee and application required for each discipline. Please print or type all information.

DISCIPLINE: DRILL TEAM ___ ENGLISH ___ GYMKHANA ___ PARADE ___ TRAIL TRIALS ___ WESTERN ___

NAME _____ BIRTH DATE ___/___/___

ADDRESS _____ CITY _____ STATE ___ ZIP _____

PHONE (____) _____ EMAIL _____ FAX (____) _____

CSHA MEMBERSHIP IS REQUIRED (indicate membership currently held)

Senior Individual ___ Family ___ Life ___

Note: For the purpose of obtaining a license, membership in a CSHA club is NOT valid.

Please provide the following and return with completed application:

- 1 Provide four personal references on the enclosed form.
2 Provide a resume of your equestrian background.
3 List events and dates for which you have independently judged. (English/Western only)
4 List names/addresses of ride/show management for whom you have independently judged. (English/Western only)

PLEASE REFER TO THE JUDGES' LICENSING PROCEDURES FOR INFORMATION REGARDING SPECIFICS FOR THE DESIRED DISCIPLINE(S).

The enclosed information is accurate and true to the best of my knowledge. It is my understanding that the designated authorities of the CSHA Judges Commission have the privilege and right to accept, deny, table or request further information with regard to this application. I, also, understand that if I am certified to judge, the CSHA Judges Commission has the right and privilege to remove my name from the approved judges list at any time for just cause. Acceptance, rejection or removal by the CSHA Judges Commission of my application or judging privileges is covered in the CSHA rule book, Judges Commission Section.

If a license is issued as a result of this application, CSHA is authorized to use the above information in the published judges roster, with the exception of birth date, unless otherwise instructed by the judge applicant in writing to the Chairperson of the Judges Commission.

Signature of Applicant _____

Date _____

MAIL FORM AND ALL INFORMATION TO:

CSHA JUDGES COMMISSION, Alice Lawellin, 11888 S. Airport Way, Manteca, CA 95336

STATE OFFICE USE:

Date received ___/___/___ Check # _____ Check amounts _____ GL acct _____ Membership verified _____

COMMISSION USE:

Commission review date ___/___/___ Accepted ___ Rejected ___

Date tested ___/___/___ Written score _____ Oral test: pass ___ fail ___

Date for re-test and/or re-application ___/___/___