



USA WORKING EQUITATION  
Dispensation Certificate Application



Name			
Address			
Phone		Alternate Phone	
Email			
USAWE Member No.			

Briefly explain how your disability affects you in everyday living skills, e.g., strength, mobility, etc. Also include medical diagnosis.

List the compensating aids and adaptive equipment you are requesting.

List the exceptions to attire requested.

List any other allowances requested.

Please submit application to: [competitions@usawe.org](mailto:competitions@usawe.org)