**USAWE Technical Delegate (TD) Application**

*See USAWE Licensed Officials Program for further details.*

**USAWE.org/Competitions/Licensed Officials**.

**1. Applicant Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Membership #** |  |

Are you at least 21 years old? \_\_\_\_ **Yes** \_\_\_\_ **No**

**2. Licensed Official Seminar**

Applicants are required to attend an officially recognized Licensed Officials Seminar within 2 years preceding any application. Submit seminar certificates with this application.

|  |  |  |
| --- | --- | --- |
| **Date** | **Event Name & Location** | **Organizer Name & Contact** |
|  |  |  |
|  |  |  |

**3. Technical Delegate Experience** (one licensed show minimum)

| **Date** | **Role\*** | **Competition Name & Location** | **Organizer Name & Contact** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

\*Role = (1) shadow a licensed TD, (2) serve as a Provisional TD.

**4. Scribe Experience** (one licensed show minimum)

| **Date** | **No. of Rides** | **Competition Name & Location** | **Organizer Name & Contact** |
| --- | --- | --- | --- |
|  |  |  |  |

**5. Paddock Steward Experience** (one licensed show minimum)

| **Date** | **Competition Name & Location** | **Organizer Name & Contact** |
| --- | --- | --- |
|  |  |  |

**6. Scorer Experience** (one licensed show minimum)

| **Date** | **Competition Name & Location** | **Organizer Name & Contact** |
| --- | --- | --- |
|  |  |  |

**7. Test Score and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. References**

One letter of reference from each of the following is required. Use the online Reference Form (usawe.org/Competitions/Licensed Officials) to submit references.

| **Reference Type** | **Reference Name and Contact** |
| --- | --- |
| Show Manager |  |
| TD |  |
| Judge |  |

I have read, understand, and agree to abide by the rules governing the **USAWE Licensed Officials Program**.

I attest that the information provided in this application is accurate.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A signed **Code of Ethics** must accompany this application as well as a $50 non-refundable fee.

Payment Information:

PayPal: Send payment to [usaworkingequitation@gmail.com](mailto:usaworkingequitation@gmail.com).

Indicate **LO Application Fee** in memo area.

Credit Card: Contact [usaworkingequitation@gmail.com](mailto:usaworkingequitation@gmail.com) to request an invoice.