



American Poultry Association

APA JUDGE'S LICENSE APPLICATION FORM

All information given should be according to your APA membership

NAME: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

POSTAL CODE _____ EMAIL _____

Home Phone: _____ Cell Phone: _____

DATE OF BIRTH: _____

PRESENT OCCUPATION: _____

NUMBER OF YEARS BREEDING AND EXHIBITING POULTRY: _____

HOW LONG HAVE YOU BEEN A MEMBER OF APA? _____

WHAT EDITION OF THE APA STANDARD OF PERFECTION DO YOU OWN? _____

FOR THOSE LICENSED BY THE AMERICAN BANTAM ASSOCIATION OR THE ONTARIO
POULTRY FEDERATION: YOUR LICENSE TYPE(S) AND NUMBER(S) _____

LIST THREE REFERENCES WITH FULL ADDRESSES:

LIST THE SHOWS YOU REGULARLY ATTEND:

LIST JUDGES YOU HAVE CONSULTED WITH OR HAVE WORKED WITH:

HAVE YOU WORKED WITH JUDGES OR SHOW MANAGEMENT AT APA SANCTIONED SHOWS?
YES _____ NO _____

HOW? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES PLEASE EXPLAIN _____

ON THE BACK OF THIS APPLICATION LIST THE BREEDS AND VARIETIES YOU HAVE ACTUALLY RAISED. INCLUDE THE NUMBER OF YEARS YOU HAVE RAISED EACH ONE.

I AGREE TO THE FOLLOWING:

- a. I will submit the appropriate fee with this application and I understand that it is not refundable if I am accepted as a candidate.
- b. I will pay annual individual membership dues under rules set forth by the APA Board of Directors or I will take out an APA Endowment Trust Life Membership.
- c. I will use the latest edition of the AMERICAN POULTRY ASSOCIATION, AMERICAN STANDARD OF PERFECTION as the basis of my judging decisions.
- d. I will accept the decisions of the APA Judge's Licensing Committee as final and I understand that the exam results will be given as PASS or FAIL only.

- e. I will not take part in illegal conduct which could damage the reputation of the APA or myself.
- f. That the statements and answers on this application are true and have not been falsified.
- g. By submitting this application, I understand that there is implied consent for the Board of Directors to order a background check.

I understand that my license, once granted, can be revoked, at any time, for failure in any of the above criteria.

SIGNED: _____

DATE: _____

Make fee payable to the **AMERICAN POULTRY ASSOCIATION**. Send fee and application to:

AMERICAN POULTRY ASSOCIATION
P. O. BOX 9
LUCASVILLE, OH 45648-0009

FEE SCHEDULE:

| | |
|-----------------|----------|
| GENERAL LICENSE | \$225.00 |
|-----------------|----------|