

SPOT EVALUATOR APPLICATION



Send to United Kennel Club, ATTN SPOT 100 E Kilgore Rd, Kalamazoo MI 49002-5584 Fax: (269) 349-5590 • Email: judges@ukcdogs.com APPLICATION FEE \$25

Full Name (Please print or type)			
•			Apt. #
City		State	Postal Code
Phone # ()	Cell Phone # (_)	Fax # ()
E-mail (Required)			
I am applying to become an Eva I have experience in the followin		T Test (\$25 non-refundab	ple application fee).
☐ Agility ☐ Conformation	Obedience	Rally Obedience	Other(please specify)
cruelty at any time. In addition to also be familiar and agree to abi	around the area where and procedures applica raining your own dogs training instructor, inst standing with the United being familiar with the de by the Rules and Re-	able to the SPOT Test. for at least 5 years. ructing a variety of breed d Kennel Club and must r e specific Guidelines for t gulations of the United Ke	Is for at least 3 years. not have been convicted of animal the SPOT Test, the applicant must
	itted is factual and I	have not submitted an	tions to be a SPOT Evaluator. ny false claims regarding my Iles & Regulations and the
Signature of Applicant (required,)		Date
For UKC use only Date receivedD Transaction ID#	ate processed B	By Bookkeeping date	



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Check list of items to be included when	this application is returned to UKC		
■ Application	• •		
Application Fee			
Resume (Include a brief summary of why you w	ant to become a SPOT Evaluator and why you		
are qualified to run a UKC SPOT Test.)			
Other Documents to include:			
☐ Dogs owned and titled/Documents of accomplishment (provide UKC Registration num-			
bers and/or any title certificate for titles not	t issued by UKC).		
☐ Competition Experience (Number/type of	events attended, dogs/breeds shown).		
Dog Training Instructor Experience (name of the control of the	of training facilities, dates of employment), with a		
letter of recommendation from training dire			
☐ Copy of CGC Evaluator's Approval/Evaluator			
List of Dog Training Seminars attended.			
List of Dog Hammig deminate accordance.			
Payment Inf Check: If paying by check, please make check payable to United NOT SEND CASH.			
Credit Card Number	Expiration Date		
Cardhaldar'a Nama			
Cardholder's Name(Please prin	nt or type)		
Cardholder's Signature			
Cardholder's Address			
City	State Postal Code		
Phone # () E-mail			