

**NAFA Rules and Policies**

**C.5 Judge's Application**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please provide a brief description of your qualifications:

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By signing below, I certify that I meet the initial requirements to begin the training program as set forth in the NAFA<sup>®</sup> Judges Training Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( /s/ followed by a typed signature can be used for electronic submission)