



NWHA CERTIFIED TRAINERS APPLICATION

Applications must be postmarked no later than September 1 of the calendar year prior to which application is being made and must be accompanied by the \$25 application fee.

Name: _____

Address: _____

Phone Number(s): _____

Email: _____

Farm/Stable/Training Business Name: _____

Please answer these questions:

1) How long have you been an NWHA member? _____

2) Do you currently hold an NWHA membership? _____

3) Are you over 25 years of age? (circle one) YES NO

4) Have you ever had an HPA or NWHA Rule Violation? _____ If so, when and for what infraction? _____

5) How long have you been training horses? _____

6) Do you have any specialties you would be willing to share for clinics, etc.? _____
If so, what are they? _____

7) Do you have any special certifications or training you have achieved? _____ If so, what are they? _____

Please list three references (two must be from persons experienced in the Walking Horse industry such as trainers, judges, DQP's owners, etc. and one reference must be able to attest to character and can be from inside or outside the industry):

Name	Phone	Email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I hereby affirm my commitment to the mission, vision and values of NWHA. I further condemn any and all soring practices, abusive treatment of animals, unethical practices, and unprofessional conduct. I further agree to abide by NWHA rules and follow the direction of the NWHA Board of Directors and Trainers' Committee.

Trainer's Signature

Date