



# Alaskan Malamute Club of America, Inc.

## WORKING SLED DOG CERTIFICATION APPLICATION FORM (EXCURSION)

Working Dog Committee  
Michelle Podolak and Chari Erickson, Co-Chairs

Updated February 2020

### Owner Information:

Owner's Name: \_\_\_\_\_ AMCA Member:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to pay with PayPal. PayPal Email: \_\_\_\_\_

### Dog Information:

I/We apply for certification for the following dog(s) (*list may be continued on back of form*):

Dog's Registered Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Position on Team: \_\_\_\_\_  Lead Dog Leg  Team Dog Leg

*To assist in the Working ROM program:*

Sire's Registered Name: \_\_\_\_\_ Registration # (*if known*): \_\_\_\_\_

Dam's Registered Name: \_\_\_\_\_ Registration # (*if known*): \_\_\_\_\_

### Excursion Information:

Location of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Number of Dogs on Team: \_\_\_\_\_

Type of Equipment Used (sled, cart, ATV, etc): \_\_\_\_\_ If ATV, was throttle used?  Yes  No

Summary of Trip: Terrain, Hazards Encountered on the Trail, General Trail Conditions, Etc.: \_\_\_\_\_

Daily Mileage: \_\_\_\_\_ Number of Overnights: \_\_\_\_\_

### To be Completed by Impartial Witness:

I hereby certify that the above named dog(s) was(were) entered in and did complete all events as listed on this form.

Witness Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**GPS printout may be submitted as documentation, if impartial witness is not available.**

### Application Instructions:

ALL NECESSARY FORMS MUST BE SENT WITH THE FOLLOWING APPLICATION FEES:

- AMCA Members: \$8 for first application; \$5 for each additional application sent at the same time
- Non-AMCA Members: \$16 for first application; \$10 for each additional application sent at the same time

Mail/Email WTD/WLD Applications To:

Sue Fuller  
26 Malamute Road  
Twisp, WA 98856  
[mtnhomemals@gmail.com](mailto:mtnhomemals@gmail.com)

Mail/Email WTDA/WLDA/WTDX/WLDX Applications To:

Helen Brott  
PO Box 223  
Jackson, CA 95642  
[hibalmal@reagan.com](mailto:hibalmal@reagan.com)