



Alaskan Malamute Club of America, Inc.

WORKING PACK DOG CERTIFICATION APPLICATION FORM

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

Updated May 2020

Owner Information:

Owner's Name: _____ AMCA Member: [] Yes [] No

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Dog Information:

[] I wish to pay with PayPal. PayPal Email: _____

Dog's Registered Name: _____ Registration #: _____

To assist in the Working ROM program: Country of Registration: Dog _____ Sire _____ Dam _____

Sire's Registered Name: _____ Registration # (if known): _____

Dam's Registered Name: _____ Registration # (if known): _____

Event/Hike Information (Witnesses fill out shaded areas):

Location of Event: _____ Date: _____

Club Outing: [] Yes [] No If "Yes," Event Managing Organization/Club: _____

Dog's Weight at Event (lbs): _____ Location: _____

Start Date: _____ Time: _____ Weight Carried in Pack (lbs): _____

Witness's Signature Out (verify pack weight and start time): _____ Phone: _____

Participating Witness Name (print): _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Destination: _____ Mileage to Destination: _____

Finish Date: _____ Time: _____ Location: _____

Witness's Signature In (verify finish time and distance hiked): _____ Phone: _____

If different than witness above:

Participating Witness Name (print): _____ Title: _____

Address: _____ City: _____ State: _____ ZIP: _____

Total Mileage Covered: _____ Summary of Trail Conditions, Terrain, Weather, Etc.: _____

Contents of Dog's Pack: _____

Application Instructions:

All portions of form must be completed or it will be returned. Feel free to include photos or maps or to go into more detail than this space allows. GPS printout may be submitted as documentation, if impartial witness is not available.

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 WPD Applications To:

Sue Fuller
26 Malamute Road
Twisp, WA 98856
mtnhomemals@gmail.com

Mail/Email WPD/WDX Applications To:

Helen Brott
PO Box 223
Jackson, CA 95642
hibalmal@reagan.com