

Alaskan Malamute Club of America, Inc.

WORKING SLED DOG CERTIFICATION APPLICATION FORM (EXCURSION)

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

Updated April 2025

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 followin	g dog(s) (list may be continued on back of form	<i>m</i>):
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):
		Registration # (if known):
Excursion Information:		
Location of Event:		Date:
Start Time: Finish Time:_	Number of Dogs on Tea	am:
Type of Equipment Used (sled, cart, ATV,	etc):	If ATV, was throttle used? [] Yes [] No
	,	litions, Etc.:
		ghts:
To be Completed by Impartial 1	Mita og a	
To be Completed by Impartial \(\) I hereby certify that the above named dog(s)		all arounts as listed on this form
, ,	,	
• • • •	· · · · · · · · · · · · · · · · · · ·	
Address:	City:	State:ZIP:
GPS printout may be submitted as do	cumentation, if impartial witness	is not available.
Application Instructions:		
ALL NECESSARY FORMS MUST BE SI • AMCA Members: \$10 for first ap	ENT WITH THE FOLLOWING APP opplication; \$7 for each additional application; \$12 for each additional	ation sent at the same time
Mail/Email WTD/WLD Applications To:	Mail/Email WTDI/WTDA/WL	DI/WLDA/WTDX/WLDX Applications To:
Sue Fuller	Helen Brott	**
26 Malamute Road	4399 Lawrence Dr	
Twisp, WA 98856	Granite Bay, CA 95	
mtnhomemals@gmail.com	hihalmal@reagan.co	om

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 □ 1 Team Dog Leg To assist in the Working ROM program: Sire's Registered Name: Registration # (if known): Dam's Registered Name: Registration # (if known): **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 #: [□] Lead Dog Leg Position on Team: [] Team Dog Leg To assist in the Working ROM program: Sire's Registered Name: Registration # (if known): Dam's Registered Name: Registration # (if known): **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: Registration # (if known): Sire's Registered Name: Registration # (if known):_ Dam's Registered Name: **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): **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:

Dam's Registered Name:

Registration # (if known):

Registration # (*if known*):