



AFA Certification Sponsorship Application

-- PLEASE COMPLETE IN FULL --

A COMPLETED COPY OF THIS FORM MUST BE ON FILE IN THE AMERICAN FARRIER'S ASSOCIATION OFFICE SIXTY (60) DAYS BEFORE THE CERTIFICATION DATE. AMERICAN FARRIER'S ASSOCIATION, 4059 IRON WORKS PARKWAY, SUITE 1, LEXINGTON, KY 40511 (859) 233-7411 (859) 231-7862 (FAX)

Sponsoring Organization/Chapter: _____ Chapter #: _____

Contact Person: _____ AFA #: _____ Phone: _____

Contact's Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Certification Site: _____

City: _____ State: _____ Zip: _____ Country: _____

CERTIFICATION DATE: _____ Number of Candidates expected _____

Has an AFA Pre-Certification Workshop been scheduled? YES NO

If Yes, Date and Location: _____

**** Circle all Levels and Areas to be tested ****

LEVELS OF EXAMINATION: Farrier Classification Certified Farrier Certified Tradesman Farrier Certified Journeyman Farrier

AREAS OF EXAMINATION: Written Practical CF Shoe Display CTF Fullered Open Heel Shoe CJF Bar Shoe

AFA Approved Testers: (Please print names clearly and enter AFA #)

1. _____ AFA # _____ 3. _____ AFA # _____

2. _____ AFA # _____ 4. _____ AFA # _____

AFA Approved Examiner: _____ AFA # _____
(Please print name clearly and enter AFA #)

APPLICATION STEPS:

1. Application must be filled in completely and then returned to AFA office. Effective July 1, 2005, the application must also include a Certificate of Liability Insurance in the amount of \$1 million naming American Farrier's Association as an additional insured.
2. Application will be forwarded to Area Supervisor for Approval.
3. The AFA office will send a copy of the confirmation to the contact person, the Examiner, and the Certification Committee Chairman.
4. The AFA office will keep the application on file, post it on the AFA's web site (www.AmericanFarriers.org) and share it with others desiring to know when and where Certification examinations are being held.
5. For an Exam to be given orally, the Contact Person and Examiner must receive notification 30 days prior to the date of the Examination.

Date Received by AFA Office: _____

FOR OFFICE USE

RECEIVED : _____
APPROVED : _____
SHIPPED : _____
INSURANCE: _____

Area Supervisor Approval Required - Name and Date approved _____