

FLAT-COATED RETRIEVER SOCIETY OF AMERICA, INC.
APPLICATION FOR WC OR WCX CERTIFICATE

Working Certificate _____ (check only one) Working Certificate Excellent _____

PLEASE PRINT OR WRITE CLEARLY

Dog's Registered Name _____

AKC # _____ Date of Birth _____ Sex _____

Sire _____

Dam _____

Owner/Co-owners _____

Mailing Address _____

E-mail Address _____ Phone (H) _____

Handler _____ Phone (W) _____

TEST INFORMATION

Test Date _____ Host Club _____

Test site (use entry form or catalog for full details) _____

Test Sec'y Name/Address _____

Judges:

Name _____ Name _____

Address _____ Address _____

JUDGES' CERTIFICATION

WE CERTIFY THAT THIS FLAT-COATED RETRIEVER HAS COMPLETED THE
____ <WORKING CERTIFICATE TEST (check one) WORKING CERTIFICATE EXCELLENT TEST> ____
TO OUR SATISFACTION AND IS ENTITLED TO RECEIVE ITS TITLE AND CERTIFICATE FROM
THE FLAT-COATED RETRIEVER SOCIETY OF AMERICA, INC.

(SIGN ONLY IF DOG PASSES TEST AND YOU HAVE CHECKED APPROPRIATE BOX)

Signed _____ Signed _____
Judge Judge

NOTE TO APPLICANT IF NOT A SOCIETY TEST: To receive your FCRSA Certificate and be added to the Certificate List, mail this form with check payable to FCRSA, Inc. (\$5.00 members, \$10.00 non-members), to Biz Reed, WC/WCX Administrator, 455 Game Farm Road North, Maple Plain, MN 55359-9484.