



## Newfoundland Club of America - WRDX Test Application

We (Name of Regional Club): \_\_\_\_\_  
Request to hold an official NCA WRDX Test on (Date): \_\_\_\_\_  
at (Site Location): \_\_\_\_\_  
near or in (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

This site has been used for an NCA WRDX Test: once \_\_\_\_\_ twice \_\_\_\_\_ more than twice \_\_\_\_\_ never \_\_\_\_\_  
(if never, include a detailed map and description of test site and water front)

The Judges will be (Enclose a completed, signed Judge's Acceptance Form from each judge):

1) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
NCA member (Y/N) \_\_\_\_\_ Judging Status (Circle one): Mentor Partner WDC Member

2) Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
NCA member? (Y/N) \_\_\_\_\_ Judging Status (Circle one): Mentor Partner WDC Member

### WRDX Test Chairman:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Regional club officer? (Y/N) \_\_\_\_\_ Position \_\_\_\_\_ NCA member? (Y/N) \_\_\_\_\_

### WRDX Test Secretary:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Regional club officer? (Y/N) \_\_\_\_\_ Position \_\_\_\_\_ NCA member? (Y/N) \_\_\_\_\_

### Third Committee Member:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Regional club officer? (Y/N) \_\_\_\_\_ Position \_\_\_\_\_ NCA member? (Y/N) \_\_\_\_\_

We, the above, will abide by all NCA WRDX Test Regulations and guarantee that all necessary equipment and material will be available the day of the test and that all forms and reports will be returned to the Water Test Records Person of the NCA Working Dog Committee no later than 30 days after the day of the test.

Signature of the WRDX Test Chairman: \_\_\_\_\_

Signature of the WRDX Test Secretary: \_\_\_\_\_

Signature of the Third Committee Member: \_\_\_\_\_

*\*\*All signers of this form must be members of the NCA\*\**

I, \_\_\_\_\_ (print name), as a member of the \_\_\_\_\_ (Regional Club Name)  
Board of Directors, confirm that the Board of Directors is aware of and approve this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Regional Club Website: \_\_\_\_\_

This application and all necessary forms must reach the Water Test Applications Person of the NCA Working Dog Committee (name is posted on the NCA web site) AT LEAST 4 months prior to the water test date. If two tests are being held each test must have a separate application, unless all of the elements are the same (site, judges, etc) then both dates should be entered on one form.