

**NCA WRDX WATER TEST APPLICATION**

We (Name of Regional Club): \_\_\_\_\_

Request to hold an official NCA WRDX Water Test on (Date): \_\_\_\_\_

at (Site Location): \_\_\_\_\_

near or in (City): \_\_\_\_\_ (State): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

This site has been used for an NCA WRDX Water 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 or two):  
Mentor Partner WDC member

2) Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone:( ) \_\_\_\_\_

NCA member? (Y/N) \_\_\_\_\_ Judging Status (Circle one or two):  
Mentor Partner WDC member

**WRDX Water Test Chairman:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Regional club officer? (Y/N) \_\_\_\_\_ Position \_\_\_\_\_ NCA member? (Y/N) \_\_\_\_\_

**WRDX Water Test Secretary:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Regional club officer? (Y/N) \_\_\_\_\_ Position \_\_\_\_\_ NCA member? (Y/N) \_\_\_\_\_

**WRDX 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 Water 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 Water Test Chairman: \_\_\_\_\_

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

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

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

**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 WRDX water test date and must be accompanied by the \$35.00 filing fee payable to the Newfoundland Club of America (NCA). If two WRDX tests are being held each test must have a separate application and fee.**