We (Name of Regional Club):
Request to hold an official NCA WRDX Water Test on Date: ________________________________
at (Site Location): _____________________________________________________________________
near or in (City): ________________________________________________________________________
(State): _______________________________________________________________________________

The Judges will be:
1) Name: ____________________________________________________________________________
   Address: ____________________________________________________________________________
   City: ________________________________________________________________________________
   State: ______________________________________________________________________________
   Zip: ________________________________________________________________________________
   Phone Number (___) __________ E-Mail: __________________________________________________________________________
   Currently an NCA member? (Y/N) __________
   Judging Status: (Circle all that apply) WDC Member  Mentor Judge  Partner Judge

2) Name: ____________________________________________________________________________
   Address: ____________________________________________________________________________
   City: ________________________________________________________________________________
   State: ______________________________________________________________________________
   Zip: ________________________________________________________________________________
   Phone Number (___) __________ E-Mail: __________________________________________________________________________
   Currently an NCA member? (Y/N) __________
   Judging Status (Circle all that apply):  WDC Member  Mentor Judge  Partner Judge

WRDX Water Test Chairman:
Name: ________________________________________________________________________________
   Address: ____________________________________________________________________________
   City: ________________________________________________________________________________
   State: ______________________________________________________________________________
   Zip: ________________________________________________________________________________
   Phone Number: (___) __________ E-Mail: __________________________________________________________________________
   Regional club officer? (Y/N) __________ Position __________________________________________________________________________
   NCA member? (Y/N) __________

WRDX Water Test Secretary:
Name: ________________________________________________________________________________
   Address: ____________________________________________________________________________
   City: ________________________________________________________________________________
   State: ______________________________________________________________________________
   Zip: ________________________________________________________________________________
   Phone Number: (___) __________ E-Mail: __________________________________________________________________________
   Regional club officer? (Y/N) __________ Position __________________________________________________________________________
   NCA member? (Y/N) __________

Third Committee Member:
Name: ________________________________________________________________________________
   Address: ____________________________________________________________________________
   City: ________________________________________________________________________________
   State: ______________________________________________________________________________
   Zip: ________________________________________________________________________________
   Phone Number: (___) __________ E-Mail: __________________________________________________________________________
   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 Third Committee Member: _________________________________________________

Notes: 1. Please include a detailed sketch and description of the test site unless you used the same site previously.
   2. Enclose a completed Judge’s Acceptance Form for each judge.
   3. All signers of this form must be members of the NCA

This form must reach the Water Test Applications Person of the NCA Working Dog Committee AT LEAST 4 months prior to the WRDX Water Test and must be accompanied by the $35.00 filing fee payable to the Newfoundland Club of America (NCA).