

APA JUDGE’S LICENSE

APPLICATION FORM

All information given should be according to your APA membership

LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include your first, middle, and last names.

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE/PROVINCE: \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF YEARS BREEDING AND EXHIBITING POULTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU BEEN A MEMBER OF APA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT EDITION OF THE APA STANDARD OF PERFECTION DO YOU OWN? \_\_\_\_\_\_\_\_\_\_\_\_\_

FOR THOSE LICENSED BY THE AMERICAN BANTAM ASSOCIATION OR THE ONTARIO

POULTRY FEDERATION: YOUR LICENSE TYPE(S) AND NUMBER(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST THREE REFERENCES WITH COMPLETE MAILING AND EMAIL ADDRESSES AS WELL AS PHONE NUMBERS:

LIST THE SHOWS YOU REGULARLY ATTEND:

LIST JUDGES YOU HAVE CONSULTED WITH OR HAVE WORKED WITH:

HAVE YOU WORKED WITH JUDGES OR SHOW MANAGEMENT AT APA SANCTIONED SHOWS?

YES\_\_\_\_\_\_ NO \_\_\_\_\_\_

HOW? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES\_\_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_\_\_\_

ON THE BACK OF THIS APPLICATION LIST THE BREEDS AND VARIETIES YOU HAVE ACTUALLY RAISED. INCLUDE THE NUMBER OF YEARS YOU HAVE RAISED EACH ONE.

**I AGREE TO THE FOLLOWING:**

1. I will submit the appropriate fee with this application and I understand that it is not refundable if I am accepted as a candidate.
2. I will pay annual individual membership dues under rules set forth by the APA Board of Directors or I will take out an APA Endowment Trust Life Membership.
3. I will use the latest edition of the AMERICAN POULTRY ASSOCIATION’S AMERICAN STANDARD OF PERFECTION as the basis of my judging decisions.
4. I will accept the decisions of the APA Judge’s Licensing Committee as final and I understand that the exam results will be given as PASS or FAIL only.
5. I will not take part in illegal conduct which could damage the reputation of the APA or myself.
6. That the statements and answers on this application are true and have not been falsified.
7. By submitting this application, I understand that there is implied consent for the Board of Directors to order a background check. The fee for the background check is included in the application fee.

h. I understand that my license, once granted, can be revoked, at any time, for failure in any of the above criteria.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make fee payable to the **AMERICAN POULTRY ASSOCIATION**. Send fee and application to:

AMERICAN POULTRY ASSOCIATION

P. O. BOX 9

LUCASVILLE, OH 45648-0009

You may also send the completed form to [apasecretaryadkins@gmail.com](mailto:apasecretaryadkins@gmail.com) and transfer the money through PayPal to this email address or mail in a check or money order.

**FEE SCHEDULE:**

GENERAL LICENSE $245.00