



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:**

- a. I will submit the appropriate fee with this application and I understand that it is not refundable if I am accepted as a candidate.
- b. 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.
- c. I will use the latest edition of the AMERICAN POULTRY ASSOCIATION'S AMERICAN STANDARD OF PERFECTION as the basis of my judging decisions.
- d. 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.
- e. I will not take part in illegal conduct which could damage the reputation of the APA or myself.

- f. That the statements and answers on this application are true and have not been falsified.
- g. 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  
PO BOX 205  
LANDISVILLE, PA 17538

You may also send the completed form to [secretary@amerpoultryassn.com](mailto:secretary@amerpoultryassn.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