



NATIONAL RENEWAL BY WAC APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ Email _____

Local Board Chair (LBC): _____

LBC Phone: (_____) _____ LBC Email _____

Region Chair (RC): _____

RC Phone: (_____) _____ RC Email _____

Super Region Chair (SRC): _____

SRC Phone: (_____) _____ SRC Email _____

Previous Rating: _____ Expiration Date: _____

Considerations for Extenuating Circumstances:

- I have attended an approved National Rules Interpretation.
- I have attached my umpiring schedule *including partners*.
- I have attached a statement supporting my application to renew by WAC.

Have you ever renewed by WAC before? No Yes, Date: _____

Maximum renewal by WAC is 2 years.

Renewal by WAC cannot be granted for consecutive renewals.

Candidate: Please forward this form to your **Region Chair**.

This section to be completed by Region Chair

Has the Candidate:

- Paid all dues?
- Attended and approved rules interpretation meeting?
- Scored at least 92% on the written test?
- Honored all commitments?
- Completed Local and Region Service Standards as set forth by the WDOC Executive Committee, Region, and Local Board?

Region Chair Signature

Printed Region Chair Name

Region Chair: Please forward this form, with all attachments, to the **National Ratings Chair** by **February 15**.

This form may be filled out and sent electronically.