



DISTRICT CANDIDATE APPLICATION - IN REGION

To be completed by Candidate

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ Email: _____
 Local Board Chair (LBC): _____
 LBC Email: _____
 Region Chair (RC): _____
 RC Email: _____
Please check: New Application Renewal
 SRC Phone: (____) _____ SRC Email: _____
 Previous Rating: _____ Expiration Date: _____
 Clinic Attended: _____ Date: _____
 Have you attempted this rating before? No Yes: List event and results:

Date	Rating Issued	Event

Site of approved session: _____ Date: _____
 Tournament Director's Name: _____
 Tournament Address: _____
 Tournament City: _____ State: _____ Zip: _____
 Tournament Director's Email: _____
 Listing of 3-person game experience is attached.
Candidate, send this form, with the 3-person experience attached, to your Local Board Chair.

To be completed by Local Board Chair

All Candidates

- Paid all dues
- Attended a rules interpretation meeting
- Scored at least 90% on the written test
- Honored all commitments
- Completed local service standards as set forth by the NUC and Local Board
- Secured required referral: [indicate source]

Name: _____ Email: _____

 Local Board Chair Signature Printed Local Board Chair Name
If any boxes are left unchecked, candidate is denied opportunity to stand, please inform candidate.
Local Board Chair, send this form, with attachments to the candidate's Region Chair.

To be completed by Region Chair

Renewal Only:

Has the candidate:

- Completed regional service standards as set forth by the NUC and local region?
- Honored all commitments?

If candidate has not fulfilled regional obligations, candidate is not eligible to stand, please inform candidate.

 Region Chair Signature Printed Region Chair Name
Region Chair, send this completed form and attachments to the Rating Event Director.
Notify the Super Region Chair of its submission.

This form may be filled out and sent electronically.