



# DISTRICT CANDIDATE APPLICATION - OUT OF REGION

To be completed by Candidate

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 Region Chair (RC): \_\_\_\_\_  
 RC Email: \_\_\_\_\_  
 Super Region Chair (SRC): \_\_\_\_\_  
 SRC 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 \_\_\_\_\_  
 Local Board Chair Email: \_\_\_\_\_  
*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:**

- Candidate has completed regional service standards as set forth by the NUC and Local Region.

**Has the candidate:**

- I have reviewed application, with attached 3-person experience.

\_\_\_\_\_  
 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.*