



DISTRICT RENEWAL BY WAC APPLICATION

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: (_____) _____ Email: _____

Current Rating: _____ Expiration Date: _____

Local Board Chair (LBC): _____

LBC Phone: (_____) _____ LBC Email: _____

Region Chair (RC): _____

RC Phone: (_____) _____ RC Email: _____

Super Region Chair (SRC): _____

SRC Phone: (_____) _____ SRC Email: _____

Requirements:

- I have attached an approved 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, with attachments, to your **Local Board Chair**.*

This section to be completed by Local Board Chair

Has the District Candidate:

- Paid all dues?
- Attended and approved Rules Interpretation meeting?
- Attended an approved District Clinic or Camp?
- Scored at least 90% on the written test?
- Honored all commitments?
- Completed Local and Region Service Standards as set forth by the WDOC Region and Local Board?

Local Board Chair Signature

Printed Local Board Chair Name

Local Board Chair: *Please forward this completed form, with attachments, to the **Region Chair** by **February 15**.*