



NEW NATIONAL CANDIDATE 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: _____

Requirements:

- I have attended the National Candidate Clinic:
Year: _____ Venue: _____
- I have attached my letter of recommendation from the clinic.
- I have attached my umpiring schedule *including partners* for each game.

Comments: _____

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 send this completed application ***with all attachments*** to the National Rating Chair by **March 1**.