



# RENEWAL NATIONAL 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 an approved National Rules Interpretation.
- I have attached my umpiring schedule *including partners* for all games.

Preferred renewal:  WDNT  Other: \_\_\_\_\_

*("Other" renewal sites depend on the WDOC Executive Committee approval for that year.)*

*Note: Maximum renewal by WAC is 2 years.*

**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 **March 1**.

*This form may be filled out and sent electronically.*