



APPLICATION FORM FOR PARTICIPANTS IN FEI COURSES

FOR OFFICIALS

DRIVING - 2015

Date of Course: _____ Location: _____

Level 2 Judge

For promotion ☐

Maintain status (every 4 years) ☐

Course registration only ☐

"Please complete the corresponding form hereafter"

Name (capitals)	_____	First Name (capitals)	_____
Home phone	_____	Work phone	_____
Date of birth	_____	Cell phone	_____
Address	_____	Email	_____
	_____	Fax	_____
	_____	Present status	_____

Level 2 Judge:*As per Criteria of appointment/promotion for Driving Officials*

- ☐ **1.1.** Have shown experience as a National Judge of highest national level by judging regularly over a period of at least 5 years, including as President of the Ground Jury at five CAN's or have significant technical knowledge and experience, to be assessed and approved by the FEI.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function (Member/ President of Ground Jury)</i>	<i>Remarks</i>

- ☐ Has significant technical knowledge and experience, Please describe:

- ☐ **1.2.** Have judged at three CANs or, as a member of the Ground Jury at two CAIs in the current or preceding year.

<i>Year</i>	<i>Place</i>	<i>Event Type</i>	<i>Function (Member/ President of Ground Jury)</i>	<i>Remarks</i>

- ☐ 1.4. Have attended and passed at least one FEI Level 1 Combined Course for Candidate Judges, Technical Delegates and Course Designers.

<i>Year</i>	<i>Place</i>	<i>Type</i>	<i>Course Director's Name</i>

- ☐ Understand, speak and preferably write English

<i>Spoken languages</i>	_____	<i>Understood languages</i>	_____
<i>Mother tongue</i>			

Courses/Seminars attended :

Year	Place	Type	Course Director's Name

The NF of _____ hereby certifies that the information above regarding the abovementioned Official is correct and true and wishes that the official be promoted subject to the recommendation of the Course Director and the Technical Committee.

NF Official Representative: _____

Date: _____

Timbre and
Signature: _____

**TO BE COMPLETED BY THE COURSE DIRECTOR AND RETURNED TO FEI UPON
COMPLETION OF COURSE**

	YES	NO
Qualifications criteria correct and sufficient for promotion	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for Promotion	<input type="checkbox"/>	<input type="checkbox"/>

Course Director:

Name: _____

Signature: _____

Nationality: _____

Date: _____

N.B: This form must be completed and sent to your local National Federation for signature and Federation stamp as well as to the course director for his signature of approval prior to sending to the email or fax below.

Please email to camilla.kjellqvist@fei.org or Fax to: 0041 (021) 310 47 60