#

# APPLICATION FORM FOR MAINTENANCE

**VAULTING**

**4\* Judge:**

**COURSE (applicable for maintenance only)**

Date:        Location:

Name of Course Director:

**Requested status for promotion**

To promote to 4\* Judge Status [ ]

To maintain 4\* Judge Status [ ]

**APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |        | FEI ID: |        |
| Date of Birth: |        | Work Phone: |        |
| Address: |        | Cell phone: |        |
|        | Email: |        |
| Languages: |        |

**4\* Judge Entry Requirements**

* Be a FEI 3\* Judge for at least 3 years [ ]
* Have acted as a member of at least 6 Ground Juries at CVI’s and 2 Championships:

|  |  |  |  |
| --- | --- | --- | --- |
| *Year* | *Place* | *Type* | *Function* |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|       |       |       |       |

* Proof of Shadow Judging at 2 CVIs 3\* confirmed by signed Assessment sheet

|  |  |  |
| --- | --- | --- |
| *Year* | *Place* | *Type* |
|       |       |       |
|       |       |       |

**4\* Judge Requirements for Promotion**

* Supported by the National Federation and approved by the FEI Vaulting Technical Committee

**Criteria to remain listed**

* Judging Experience at 6 CVIs or Championships

|  |  |  |  |
| --- | --- | --- | --- |
| *Year* | *Place* | *Type* | *Function* |
|       |       |       |       |
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* Have participated at one FEI Refresher Seminar

|  |  |  |  |
| --- | --- | --- | --- |
| *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:

 Timbre and

Date:       Signature:

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

 YES NO

Qualifications criteria correct and [ ]  [ ]

sufficient for to remain listed

**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.