

U.S. Figure Skating JUDGES COMMITTEE
Application for Judging Appointment
Standard, Accelerated or Select Candidates

Please print or type clearly. A separate application is required for each appointment.

Application for appointment as a: _____ judge Date: _____

Standard candidate: _____ Accelerated candidate: _____ Select Candidate: _____

Candidate's Personal Information			
Name:			Member #
Address:			
City:		State:	ZIP
Home Phone:		Office Phone:	
Fax Number		Email address	
Home Club:			Club #
Occupation:		Date of Birth:	

Candidate's Present Status	
Present classification as test judge and date of appointment:	
Present classification as a competition judge and date of appointment:	
Has the candidate ever applied for this appointment before?	NO YES – if yes, give date:
Has the candidate ever been an ineligible person?	NO YES – if yes, give date of reinstatement:

Appointment Qualifications	
U.S. Figure Skating Tests passed and dates:	
Moves _____	Free Skate _____
Pairs _____	Dance _____
Figure _____	Synchronized _____
Current skating activity:	
Club/U.S. Figure Skating related activities:	
Judges Schools attended for this appointment and dates (attach certificates or request verification from HQ):	
For TEST appointment – attach summaries from headquarters	
For COMPETITION Appointment Competitions judged at current level, attach summary sheets (form 3-2) (or IJS equivalent) for all events judged Competitions trial judged, attach summary sheets with deviations indicated or IJS worksheets	

References

Minimal judging level Silver Singles/Pairs or Silver Dance
References may not be on the Judges Committee in the candidate's region.

GIVE FULL NAME, ADDRESS, EMAIL ADDRESS AND JUDGING LEVEL

1.

2.

3.

4.

5.

A candidate applying for appointment at any level, except national, shall be notified within 60 days of the action taken by the committee. National appointments will be presented to the Board of Directors and candidates will be notified of the Board's decision following any meeting.

APPROVALS

Candidate's Test Chair or Monitor

To the best of my knowledge, the candidate's qualifications meet all the requirements for the appointment requested.

Test Chair Monitor (circle) _____
(Please print name and officiating status)

Signature: _____ Date: _____

Regional, Sectional Vice Chair/Chair

Review by Regional Vice Chair

Signature _____ Date: _____

Review by Sectional Vice Chair

Signature _____ Date _____

Review by Chair

Signature _____ Date _____

APPLICATION IS: GRANTED REJECTED DATE: _____