



Dressage Technical Delegate Verification of Equipment Experience



Name _____ USDF Member # _____ USEF Member # _____

Birthdate _____ Phone # _____ Email _____

Address _____
Number and Street City State Zip Code

I certify that I have served a minimum of one-half day (at least three hours) as an equipment checker at two different Federation licensed/USDF recognized competitions with two different Dressage Technical Delegates (“DTDs”).

1. Competition Name: _____

Date of Competition: _____

Name of DTD: _____

Signature of DTD: _____

2. Competition Name: _____

Date of Competition: _____

Name of DTD: _____

Signature of DTD: _____

Signature of Applicant _____

Date _____