



# Alaskan Malamute Club of America, Inc.

## WORKING PACK DOG CERTIFICATION APPLICATION FORM

Working Dog Committee  
Michelle Podolak and Chari Erickson, Co-Chairs

Updated May 2023

### Owner Information:

Owner's Name: \_\_\_\_\_ AMCA Member: [ ] Yes [ ] No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

[ ] I wish to pay with PayPal. PayPal Email: \_\_\_\_\_

### Dog Information:

Dog's Registered Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

*To assist in the Working ROM program:*

Sire's Registered Name: \_\_\_\_\_ Registration # (if known): \_\_\_\_\_

Dam's Registered Name: \_\_\_\_\_ Registration # (if known): \_\_\_\_\_

### Event/Hike Information (Witnesses fill out shaded areas):

Location of Event: \_\_\_\_\_ Date: \_\_\_\_\_

Club Outing: [ ] Yes [ ] No If "Yes," Event Managing Organization/Club: \_\_\_\_\_

Dog's Weight at Event (lbs): \_\_\_\_\_ Location: \_\_\_\_\_

**Start** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weight Carried in Pack (lbs): \_\_\_\_\_

Witness's Signature Out (*verify pack weight and start time*): \_\_\_\_\_ Phone: \_\_\_\_\_

Participating Witness Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Destination: \_\_\_\_\_ Mileage to Destination: \_\_\_\_\_

**Finish** Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Witness's Signature In (*verify finish time and distance hiked*): \_\_\_\_\_ Phone: \_\_\_\_\_

### *If different than witness above:*

Participating Witness Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Total Mileage Covered: \_\_\_\_\_ Summary of Trail Conditions, Terrain, Weather, Etc.: \_\_\_\_\_

Contents of Dog's Pack: \_\_\_\_\_

### Application Instructions:

*All portions of form must be completed or it will be returned. Feel free to include photos or maps or to go into more detail than this space allows. GPS printout may be submitted as documentation, if impartial witness is not available.*

ALL NECESSARY FORMS MUST BE SENT WITH THE FOLLOWING APPLICATION FEES:

- AMCA Members: \$10 for first application; \$7 for each additional application sent at the same time
- Non-AMCA Members: \$18 for first application; \$12 for each additional application sent at the same time

Mail/Email WPD Applications To:

Sue Fuller  
26 Malamute Road  
Twisp, WA 98856  
[mtnhomemals@gmail.com](mailto:mtnhomemals@gmail.com)

Mail/Email WPD/WDX Applications To:

Helen Brott  
4399 Lawrence Dr  
Granite Bay, CA 95746  
[hibalmal@reagan.com](mailto:hibalmal@reagan.com)