



# Alaskan Malamute Club of America, Inc.

## WORKING SLED DOG CERTIFICATION APPLICATION FORM (RACING)

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

Updated April 2025

### Owner Information:

Owner's Name: \_\_\_\_\_ AMCA Member: [ ] Yes [ ] No  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Dog Information:

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

I/We apply for certification for the following dog(s) (*list may be continued on back of form*):

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

Position on Team: \_\_\_\_\_ [ ] Lead Dog Leg [ ] Team Dog Leg

*To assist in the Working ROM program:*

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

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

### Event Information:

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

Event Managing Organization/Club: \_\_\_\_\_ ISDRA Affiliate: [ ] Yes [ ] No

Secretary's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Race Information:

Race Class: \_\_\_\_\_ Number of Dogs on Team: \_\_\_\_\_

Type of Equipment Used (sled, cart, ATV, etc): \_\_\_\_\_ If ATV, was throttle used? [ ] Yes [ ] No

Heat/Day	Distance	Your Time	Winning Time	Your Finish Position	# Teams Starting/Finishing
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Weight carried for freight racing, excluding sled and driver: \_\_\_\_\_

Summary of Trail Conditions: Snow Conditions, Topography, Weather, Etc.: \_\_\_\_\_

### To be Completed by Event Official:

I hereby certify that the above named dog(s) was(were) entered in and did complete all events as listed on this form.

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: [ ] Marshall [ ] Judge [ ] Timer [ ] Witness

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

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

ISDRA Rules Used? [ ] Yes [ ] No If "No," have rules been submitted to the Working Dog Committee for approval? [ ] Yes [ ] No  
If "No," please include a copy of the rules.

### Application Instructions:

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 WTD/WLD Applications To: \_\_\_\_\_ Mail/Email WTDI/WTDA/WLDI/WLDA/WTDX/WLDX

Sue Fuller  
26 Malamute Road

Twisp, WA 98856  
[mtnhomemals@gmail.com](mailto:mtnhomemals@gmail.com)

Applications To:

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