



# Alaskan Malamute Club of America, Inc.

## WORKING WEIGHT PULL 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: \_\_\_\_\_

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

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

To assist in the Working ROM program: Country of Registration Dog: \_\_\_\_\_ Sire: \_\_\_\_\_ Dam: \_\_\_\_\_

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

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

### Event Information:

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

Event Managing Organization/Club: \_\_\_\_\_

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

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

### Pull Information:

Vehicle Used: [ ] Sled [ ] Wheeled Cart Tires : Solid \_\_\_\_ Other(specify): \_\_\_\_\_ Temperature: \_\_\_\_\_

Pulling Surface: \_\_\_\_\_ Conditions: \_\_\_\_\_

Rules Used (check one): [ ] AMCA [ ] IWPA [ ] ISDRA [ ] Other: \_\_\_\_\_ If "Other," have rules been submitted to the Working Dog Committee for approval? [ ] Yes [ ] No If "No," please include a copy of the rules.

**Dog's Weight at Event:** \_\_\_\_\_ Weight Class: \_\_\_\_\_ **Completed Pull Weight** (16 feet in allotted time) \_\_\_\_\_

Placing \_\_\_\_\_ # of Dogs in Class \_\_\_\_\_ (A/X Apps- please include complete copy of official results. S Apps include both results & tracking sheet)

### To be Completed by Event Official:

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

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

Date: \_\_\_\_\_ Title: [ ] Marshall [ ] Judge [ ] Timer [ ] Other (specify): \_\_\_\_\_

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

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

### 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

I am applying for: [ ] WWPDA [ ] WWPDX [ ] WWPDS

Mail/Email WWPDA Applications To: \_\_\_\_\_ Mail/Email WWPDX/WWPDS Applications To: \_\_\_\_\_

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