



National Walking Horse Association
Designated Qualified Person Application

I want to help protect the Walking Horse from abuse. Please enroll me into the National Walking Horse Association training program for Designated Qualified Persons. **By signing below, I agree that I have read and understand the following:**

- I understand that I must be at least 21 years of age to hold a DQP certification.
- I have never been convicted of a crime involving moral turpitude.
- I have not been found in violation of the Horse Protection Act within the last 5 years.
- I understand that all applicants will be required to attend a DQP Training Clinic and pass a written examination on DQP practices, procedures, and the Horse Protection Act.
- I understand that a DQP applicant must successfully apprentice under a licensed NWhA DQP at no less than two NWhA affiliated events.
- I understand that a NWhA DQP may not breed, train, exhibit, or board Walking Horses as the principle source of income.
- I have enclosed my non-refundable fee of \$25.
- Included in this application are the names and addresses of two references regarding my character and the names and addresses of two references regarding my knowledge of horses. I will supply additional references if so required. **I will contact all my references and have them mail letters of reference directly to the address listed below.** None of the references are related to me by blood or marriage.

Full Name (print) _____

Address _____

Phone Number (cell) _____ (home) _____

Fax _____ Email _____

Signature _____

Mail applications and have all references mail letters of reference to:

Peggy Moore
c/o National Walking Horse Association
PO Box 12430 Reading, PA 19612

office@nwha.com

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CHARACTER REFERENCE #1

NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOME

CELL

RELATIONSHIP TO APPLICANT: _____

CHARACTER REFERENCE #2

NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOME

CELL

RELATIONSHIP TO APPLICANT: _____

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EQUINE-RELATED REFERENCE #1

NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOME

CELL

RELATIONSHIP TO APPLICANT: _____

EQUINE-RELATED REFERENCE #2

NAME: _____

ADDRESS: _____

TELEPHONE: _____

HOME

CELL

RELATIONSHIP TO APPLICANT: _____