



**Tri-State Region Local Level Examiner Registration**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Involvement in Pony Club: (Include past and present involvement, such as Pony Club graduate, current instructor, new parent, junior member etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Local Level Testing Resources are available on the USPC website and agree to read the Examiner Handbook, Best Practices for Examiners, Local Level Examiner Certification Checklist, Standards of Proficiency, and have signed the Adult Code of Conduct.

My information as volunteer will be entered into the United States Pony Club website for temporary access, shared in the Tri-State Region Local Level Examiners List, and will be removed when volunteer service is discontinued.

I plan to attend the Standards and Certification clinic when offered and understand the need for continuing education with the USPC standards, methods, and requirements.  
Examples of continuing education to be considered; attend Standards Clinic in another Region, shadow a National Examiner, serve as IO at a National test, attend USPC Education Symposium, or other USPC training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_