



# USPC

## The United States Pony Clubs, Inc.

The Kentucky Horse Park, 4041 Iron Works Parkway, Lexington, KY 40511  
859/254-7669 (PONY) Fax 859/233-4652 email: testing@ponyclub.org

### Rating Requested

- H-B  \$160 C-3  \$185
- H-HM  \$260 B  \$220
- H  \$260 A  \$250
- H-A  \$260

### Specialty Ratings:

- C-3DR  \$200 C-3SJ  \$200
- B-DR  \$225 B-SJ  \$225
- A-DR  \$250 A-SJ  \$250

## CANDIDATE APPLICATION

### PLEASE NOTE:

Applications **must** be postmarked by the following dates:  
 Tests held between Feb. 26th and May 31st: **Feb. 1st**  
 Tests held between June 1st and August 31st: **April 15th**  
 Tests held between Sept. 1st and Nov. 25th: **July 15th**  
 Tests held between Nov. 26th and Dec. 31st: **Oct. 15th**  
*\*Any test before Feb. 26th will have a 6-weeks-out deadline*

**Cancellations:** Before 6 weeks prior to the test date, refunds will be given minus \$50 office fee. No refunds will be given after the 6-weeks-out deadline. There is a **\$50 fee** for changing site. **NOTE:** Candidates must bring with them to the test a USPC Medical Card signed by the candidate and parent/guardian. Candidates will not be allowed to test without this. **The Medical Conditions Release section must be filled out if applicable.** This is available to download on the USPC Web site Forms page.

### RS Checklist

- RS Signature
- DC Signature
- Parent Signature
- Candidate Signature
- 3 Test Choices Marked
- Club or Personal Check (made out to USPC)
- First Aid Card (H-HM/H-H-A Only)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Cell Phone \_\_\_\_\_

### PONY CLUB INFORMATION

Region Name \_\_\_\_\_ Pony Club \_\_\_\_\_

Year Joined \_\_\_\_\_ Present Rating: Level \_\_\_\_\_ Type: (TRAD  DR  SJ  ) When Passed \_\_\_\_\_

Has applicant tested previously for requested rating? Yes  No  When? \_\_\_\_\_

Explain steps taken to correct problems from previous testing (*attach additional sheet if necessary*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TEST REQUEST

**Region** **Date**

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

DC Signature \_\_\_\_\_ Date \_\_\_\_\_

*NOTE: H-B candidate must bring to the test a letter from DC stating that he/she is assisting in simple mounted lessons at the D-1 and up to C-1 level with supervision and certifying the candidate's involvement in a local, regional or national equine land conservation issue or project (refer to H-B Standard).*

RS Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Dues Paid  Authorized to Test  Assigned Test \_\_\_\_\_  Personal Check/  Club Check

Check # \_\_\_\_\_

