



# Regional Intent To Certify for HB and Above

This form is for regional planning purposes. You must register for all HB and above certifications on the USPC Website. There is a separate form for the C-2 test.

Candidates Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on January 1, 2015: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

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

Parents' Name(s): \_\_\_\_\_

*Please complete and return this form to Cheryl Clark (rscapitalregion@aol.com) by December 15, 2014.*

### Requested Certifications:

\_\_\_ HB

\_\_\_ C-3

\_\_\_ B

\_\_\_ H/HA

\_\_\_ A

### Pony Club/Center Information

Pony Club/Center Name: \_\_\_\_\_ Year joined: \_\_\_\_\_

Present Certification Level: \_\_\_ Traditional \_\_\_ Dressage \_\_\_ Show Jumping

Have you tested previously for your requested certification? \_\_\_ No \_\_\_ Yes - When? \_\_\_\_\_

If yes, explain the steps you took to correct problems from previous testing: (attach additional sheet if necessary):

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

