



THE INTERNATIONAL CAT ASSOCIATION, INC.  
APPLICATION FOR ADVANCEMENT TO APPROVED SPECIALTY JUDGE



MARYLOU ANDERSON, JUDGING ADMINISTRATOR  
3509 CLIFF VIEW LOOP  
WEATHERFORD, TX 76087  
(817) 613-0070

PLEASE TYPE OR PRINT ALL INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

DATE PROBATIONARY SPECIALTY LICENSE ISSUED: \_\_\_\_\_

NUMBER OF SHOWS JUDGE: \_\_\_\_\_

**ENDORSEMENT OF ALLBREED SPONSOR:**

AS THIS APPLICANT'S SPONSOR, I RECOMMEND THAT HE/SHE SHOULD BE ADVANCED TO APPROVED SPECIALTY JUDGE. TO THE BEST OF MY KNOWLEDGE, ALL REQUIREMENTS HAVE BEEN MET AND I DO NOT KNOW, NOR AM I AWARE, OF ANY CIRCUMSTANCES THAT COULD CAUSE THIS ADVANCEMENT TO BE DETRIMENTAL TO TICA.

SIGNATURE OF ALLBREED SPONSOR \_\_\_\_\_

DATE \_\_\_\_\_

*FILL IN THE FORM BELOW. USE REVERSE SIDE IF NEEDED. A MINIMUM OF TWENTY (20) SHOWS ARE REQUIRED.*

**NAME OF SHOW JUDGED:**

**DATE & PLACE OF SHOW:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_