

**Irish Wolfhound Club of America, Inc
Versatility Certificate Application**

Registered Name _____ AKC Number _____
 Sire & Dam _____
 Owner's Name(s) _____
 Address _____
 Phone _____ Email _____
 Breeder(s) _____

	Points	Date Earned	Points Earned
A. CONFORMATION			
Champion	4	_____	_____
10 Bench Points with 2 Majors	3	_____	_____
5 Bench Points with 1 Major	2	_____	_____
Foreign Champion	2	_____	_____
B. OBEDIENCE			
OTCH or UDX	6	_____	_____
UD	5	_____	_____
CDX	4	_____	_____
CD	3	_____	_____
Foreign Obedience Title	2	_____	_____
Excellent Rally	4	_____	_____
Advanced Rally	3	_____	_____
Novice Agility	2	_____	_____
C. TRACKING			
TDX	4	_____	_____
TD	3	_____	_____
Tracking Certification	2	_____	_____
D. AGILITY			
Master Agility Excellent	5	_____	_____
Agility Excellent or Master Agility Dog	4	_____	_____
Open Agility or Advanced Agility Dog	3	_____	_____
Novice Agility or Agility Dog	2	_____	_____
E. LURE COURSING			
ASFA Lure of Merit 2 or higher	5	_____	_____
ASFA Lure Courser of Merit/AKC LCX	4	_____	_____
ASFA/AKC Field Champion	3	_____	_____
AKC Senior Courser	2	_____	_____
AKC Junior Courser	1	_____	_____
Foreign Field Champion	2	_____	_____
F. RACING			
NOTRA Supreme ORC	4	_____	_____
NOTRA Oval Racing Champion	3	_____	_____
NOTRA Senior Oval Racer	2	_____	_____
NOTRA Junior Oval Racer	1	_____	_____
LGRA Superior GRC	4	_____	_____
LGRA Gazehound Racing Champion	3	_____	_____
G. OPEN FIELD COURSING			
NACA/NOFCA Coursing Champion	5	_____	_____
NACA/NOFCA Courser of Merit	4	_____	_____
NACA/NOFCA 50+ points	3	_____	_____
NACA/NOFCA 20+ points	2	_____	_____

H. MISCELLANEOUS

Canine Good Citizen	1	_____	_____
Temperament Testing	1	_____	_____
Reg Animal Therapy (min 20 hrs)	2	_____	_____
Best of Breed – National Specialty	2	_____	_____
High In Trial – National Specialty	2	_____	_____
Best in Field – National Specialty	2	_____	_____
High Scoring IW LGRA – Nat Spec	2	_____	_____

Requirements must be met by December 31 and submitted no later than March 30 of the following year.

Attach all photocopies of awards and certificates to this application and mail to:

Audrey Rajec
Versatility Program Chair
6709 N. 12th Ave
Phoenix, AZ 85013-1019.

Application for: VC _____ VCX _____

Owner's Signature and date

IWCA Information:

Date received _____

Title awarded _____

Date awarded _____