



Certificate of Conformation Assessment Program  
**CCA EVALUATOR UPDATE OR  
CHANGE OF APPLICATION**

**THE GOLDEN RETRIEVER CLUB  
OF AMERICA INC.**

Complete the application and scan / email to [dscsam@comcast.net](mailto:dscsam@comcast.net)

Or

Send to: Robin Bowen, PO Box 884, Hixson, TN 37343 (423) 875-0952

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**\* Represents required fields**

\* Name: \_\_\_\_\_

\* Are you a GRCA member? YES  NO

If No, AND you are a Canadian Citizen living in Canada, are you a GRCC member? YES  NO

Other country of Residence \_\_\_\_\_ Other Golden Club affiliation \_\_\_\_\_

**CHANGE OF ADDRESS / PHONE** or  **CHANGE OF EMAIL**

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHANGE OF EVALUATOR STATUS FROM Category 2 to Category 1**

I have been approved by  AKC or  CKC to judge Golden Retrievers since \_\_\_\_\_

Date/Year of first Golden Retriever Sweeps/ Match assignment: \_\_\_\_\_

My original breed is: \_\_\_\_\_

\* I have read and I understand the latest revision of the GRCA CCA Program Guidelines for Evaluators. I am willing to evaluate each participant against the AKC Breed Standard and I am willing to provide a written assessment of the qualities of each dog I evaluate using the score sheets/report forms provided by the CCA Committee and abide by the guidelines established. I also am willing to provide a brief verbal critique of the entrants to each presenter. I understand that all information regarding individual dogs presented to me shall be kept confidential, sharing it only with the owner or presenter of said dog and within the committee structure of the program.

\* \_\_\_\_\_ \* \_\_\_\_\_  
Signature Date

CCA USE ONLY Date Received \_\_\_\_\_