

# APPLICATION FOR ACF-CERTIFIED CULINARY JUDGE

I hereby apply for approval as an ACF-certified culinary judge. I understand it is my responsibility to complete all prerequisites as outlined in the ACF Certified Culinary Competition Manual. I further understand that upon completion of all prerequisites my qualifications for judging will be reviewed by the Culinary Competition Committee, and their determination as to my approval or requirement for additional training will be final.

Date of Application: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E mail: \_\_\_\_\_

ACF Certifications / Expiration Dates

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

ACF Membership # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employment Establishment: \_\_\_\_\_

Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Competition Experience: ACF and WACS (attach continuation sheet if required)

| Medal Type | Competition | Date  |
|------------|-------------|-------|
| _____      | _____       | _____ |
| _____      | _____       | _____ |
| _____      | _____       | _____ |
| _____      | _____       | _____ |
| _____      | _____       | _____ |
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| _____      | _____       | _____ |
| _____      | _____       | _____ |

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved for Judge in Training (CCC Chair)