



THE WORSHIPFUL COMPANY OF FARRIERS

Farriery Education and Training Limited

Assistant Registrar (Higher Examinations):: Captain David Goodall RN, Sheridan House, Keinton Mandeville
SOMERTON, Somerset, TA11 6DX

Application for the Associate (AWCF) Examination (USA)

I (please print your full name in block capitals) _____

of (please print your full address in block capitals) _____

holding a DipWCF Certificate numbered and dated hereby make application to take the Associateship Examination Module(s) indicated and pay the [required fee for each Module](#).

Theory Module (Written Paper; Exhibition of Shoes; Live Horse and Radiographic Assessment; Oral)

Practical Module (Exhibition of Shoes; Live Shoeing and Shoemaking; Modern Farriery)

I have paid my [remittance in settlement electronically](#)

I confirm that I am currently registered as a member of the American Farriers Association and that my details on the AFA Find-a-Farrier website are correct.

I agree to be bound by such Rules as may be made from time to time by The Worshipful Company of Farriers, and will produce the Certificate of passing the examination, if granted, to the Registrar of the Company for the time being upon one month's notice given by The Worshipful Company of Farriers.

I understand that should I at any time be removed from the Register of Farriers under the aforesaid Act, the Company reserves the right to withdraw the Certificates of passing this and the DipWCF or RSS examinations and expunge my name from the records of The Worshipful Company of Farriers.

My Striker for the Practical Module will be: _____
([See Guidance Notes 8.4 for rules on Strikers](#)) (Insert Full Name and Qualifications of Striker)

Applicant to sign here _____

Dated this _____ day of _____ 2017

Applications and payments will not be acknowledged until after the closing date, unless a [request for acknowledgement is sent to this link](#). Receipts are issued at the examination centre.