



Date: / /

EXEMPTION REQUEST FORM

I understand and agree that I am submitting this request to the USEF Exemption Panel for an exemption from disqualification as a result of my criminal background check results that the Panel determination is final. For questions contact sgilbert@usef.org or lmcdowell@usef.org

PERSON REQUESTING EXEMPTION

Name: (First)		(Last):	
USEF #:	Phone:		
Email:	Mailing Address:		
Breed/ Discipline Affiliation:			
Position you hold or held:			
<input type="checkbox"/> Coach <input type="checkbox"/> Licensed Official <input type="checkbox"/> Trainer <input type="checkbox"/> Athlete <input type="checkbox"/> USEF Staff <input type="checkbox"/> Other _____			

CONVICTION

City and State where convicted:	City:	State:
Date(s) of Offense(s):		
Description of Offense(s):		
Final Disposition:		

PLEASE ATTACH COPIES OF ANY AVAILABLE DOCUMENTS REGARDING YOUR CONVICTION INCLUDING ALL DOCUMENTS RELATED TO ANY SENTENCE FINE OR CONDITIONS OF PROBATION IMPOSED BY THE COURT.

UNITED STATES EQUESTRIAN FEDERATION : 4001 WING COMMANDER WAY : LEXINGTON, KY 40511 : 859.225.6914 : FAX 859.231.7371 : USEF.ORG

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