HANDICAPPED APPLICATION

SBHA
Making Field Trials Great Again

Applicants Name:_____ Phone: _____

Email:_____

Address:_____

City:_____ State:_____ Zip Code: :_____

Prescribing Doctor:_____ State Doctor Located In:_____

PLEASE PRINT LEGIBLY

With this application, applicant MUST include a copy of the State placecard/certificate.

Applicant Signature (Required Field):_____

With my signature (applicant above) I do understand all the rules associated with this special consideration and will abide by the rules set forth for this status. Furthermore this is for a true disability and not for a convenience of not having to walk in the trials I participate in. Doctors' prescribed exemption will be required with each application. No Exceptions – Note: Copy of Doctor's statement must be attached.

Applicant is responsible for understanding all the rules that are associated with this exemption.

Upon approval, you will be notified by **SBHA s' Secretary**, if your request has been granted. It is the applicants' responsibility to resubmit this annually for the following years' consideration along with another current Doctor's exemption should your handicapped permit have a term limit.

In no way can the **SBHA or its' Officers** can be held liable for the acceptance or rejection of application. Furthermore, information that will be made available to the public will only be that this application was granted, or applicant has not been granted a handicapped status permit.

Reason for handicapped status request:_____

_____

_____

_____

Questions or comments:_____

_____

_____

_____

◯ Approved ◯ Declined

SBHA Authorized Signature:_____ Title:_____ Date: _____

Return Application to: BRUCE MERCER • Secretary • 1153 Antioch Rd Fayetteville, Georgia 30215 • mercerbruce@hotmail.com