



USA WORKING EQUITATION
Dispensation Certificate Application



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|------------------|--|-----------------|--|
| Name | | | |
| Address | | | |
| Phone | | Alternate Phone | |
| Email | | | |
| USAWE Member No. | | | |

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| <p>Briefly explain how your disability affects you in everyday living skills, e.g., strength, mobility, etc. Also include medical diagnosis.</p> |
| <p>List the compensating aids and adaptive equipment you are requesting.</p> |
| <p>List the exceptions to attire requested.</p> |
| <p>List any functional allowances requested</p> |
| <p>List any other allowances requested</p> |

Please submit application to: competitions@usawe.org