



# SKATE AUSTRALIA Inc

## COMMISSIONED ARTISTIC OFFICIALS' COMMITTEE

[pwallace7@bigpond.com](mailto:pwallace7@bigpond.com)

### NEW COMMISSION APPLICATION (OTHER THAN TECHNICAL SPECIALIST) – ATTACHMENT 1

PLEASE ENSURE THAT ALL REQUIRED INFORMATION IS PROVIDED - PARTIAL SUBMISSIONS WILL NOT BE ACCEPTED

<b><u>APPLICANT'S INFORMATION</u></b>				
<b>Full Name</b>				
<b>Address</b>				
<b>Telephone</b>		<b>Date of Birth</b>		
<b>Email</b>		<b>SA No</b>		
<b>Club</b>		<b>Chapter Panel</b>		
<b>Class of SA Membership</b>	Competitive	Development	Associate	Life

<b><u>COMMISSION/S APPLIED FOR (Select as appropriate)</u></b>			
Dance			Precision
Free Skating			Show
Pairs			Event Manager
Figures			Data Operator
Inline			Event Manager/Data Operator (Combined commission)

<b><u>COMMISSIONS CURRENTLY HELD (Select if appropriate)</u></b>			
TC = Technical Controller		TS = Technical Specialist	
Couples Dance			Free Dance
Solo Dance			Show
Dance			Referee
Free Skating			Calculating
Pairs			Event Manager
Figures			Data Operator
Precision			Event Manager/Data Operator (Combined commission)
Inline			

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Candidate

**State Panel Chair**

Signed: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 (Print name)  
 Date: \_\_\_\_\_

**Approval for commission to proceed  
National CAOC Chair**

Signed: \_\_\_\_\_  
 Pat Wallace  
 Date: \_\_\_\_\_



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<b>Telephone</b>		<b>Date of Birth</b>	
<b>Email</b>		<b>SA No</b>	

Commission being assessed:	
On-Line Course – Theory completed	Practical Assessment completed
General Principles Certificate received	Code of Ethics received
Course registration fee of \$20.00 into SA AAC account	Current SIA Anti-Doping Certificate received
Current “working with children” verification	Judge’s commission required for TS qualification

I confirm \_\_\_\_\_ has completed all requirements of  
(Name of Candidate)

\_\_\_\_\_ and I recommend that the commission be awarded.  
(Name of Commission)

<b>CHIEF EXAMINER</b>			
Name		Qualification	
SA Number		Accreditation Expiry	
Course Presenter's Course			
Signature:		Date:	

**Final approval of commission by  
National CAOC Chair**



Signed: \_\_\_\_\_  
Pat Wallace

Date: \_\_\_\_\_