



**AMERICAN FARRIER'S ASSOCIATION**

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## AFA PROVISIONAL TESTER RECOMMENDATION FORM

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip / Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

AFA Number: \_\_\_\_\_

Current AFA Member? \_\_\_\_\_  
Yes / No

AFA Updated Certified Journeyman Farrier \_\_\_\_\_  
Yes / No

Recommended by: \_\_\_\_\_  
AFA Approved Examiner's Signature and AFA#