

CAT ASSOCIATION OF TASMANIA INCORPORATED.

APPLICATION FOR EXPERIMENTAL LICENCE.

Name: _____

Address: _____

C.A.T. Membership No: _____

Date of birth of first litter bred by you: / / .

Registration No. of first litter bred by you: _____

(Minimum requirement is three (3) years breeding experience. If this commenced with another Council, please provide evidence of Date of Birth of first litter.)

1. All applicants should be familiar with and comply with the C.A.T. Inc. "Experimental Register" clauses. Rules 2.36 – 2.44.

2. Intended Breed: _____

3. Please attach documentation required under Rule 2.39.

Signed: _____

Please note that no matings shall take place until approval is granted and the meeting with the Judge's Guild representatives has taken place.