



**Canadian Pony Club**  
**- Nova Scotia Region Examiner's Contract**

*Instructions: Send 2 copies to the recipient, including a self-addressed, stamped envelope.*

Dear \_\_\_\_\_;

Thank you for agreeing to be on our testing panel. The date for our test is \_\_\_\_\_,  
with a start time of \_\_\_\_\_. Our test will take place at \_\_\_\_\_.

We hope that you can arrive 15 – 30 minutes prior in order to facilitate the smooth running of  
our test day.

To the best of our knowledge at this time, we will have a total of \_\_\_\_\_ candidates,  
testing at the following levels:

D: \_\_\_\_\_ D1: \_\_\_\_\_ D2: \_\_\_\_\_

Challenging D/D1: \_\_\_\_\_ Challenging D1/D2: \_\_\_\_\_ Challenging D/D1/D2 : \_\_\_\_\_

Challenging D/D1/D2/C : \_\_\_\_\_ Challenging D/D1/D2/C/C1 : \_\_\_\_\_

C: \_\_\_\_\_ C1: \_\_\_\_\_

Stablemanagement: \_\_\_\_\_

We agree to pay you \$ \_\_\_\_\_ honorarium, plus .44 cents per kilometer. We will also  
provide you with beverages and a lunch.

The testing panel will be comprised of the following members:

Chief Examiner:

Other Examiner(s):

Examiner(s) in Training:

If these arrangements meet with your approval, please sign one copy of this agreement and  
return it to me as soon as possible. If there are any changes to the details mentioned above,  
we will contact you prior to the day of testing to inform you of the changes.

Yours truly, \_\_\_\_\_ (Test Representative/DC) \_\_\_\_\_ (Date)

Name:

Telephone Number/Mailing Address:

Email address:

Examiner's Agreement: \_\_\_\_\_ (Examiner Signature) \_\_\_\_\_ (Date)

Last Updated: 2016