



**LEVEL 1 - 2 EXAMINER Recommendation**  
**Pennsylvania 4-H Horsemanship Skills**

County \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone home \_\_\_\_\_ work \_\_\_\_\_

FAX \_\_\_\_\_

Check one: extension agent \_\_\_\_\_  
screened volunteer \_\_\_\_\_

\*\*\*\*\*

**I recommend the above person to be a LEVEL 1-2 EXAMINER for 4-H  
Horsemanship Skills.**

County Extension Agent signature \_\_\_\_\_

Date \_\_\_\_\_

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Examiner Trainer(s) signature \_\_\_\_\_

Date \_\_\_\_\_

**Upon completion of certification, please return this form to:**

Extension Horse Specialist (Youth)  
Penn State University  
324 Henning Bldg.  
University Park, PA 16802-3503