



AMERICAN LEGION  
AUXILIARY  
Department of California

## APPLICATION FOR RECERTIFICATION OF LEADERSHIP INSTRUCTOR

Note: This form is for certified instructors with Blue Cards  
who wish to be **RECERTIFIED**.

DO NOT USE TO APPLY FOR WHITE ATTENDANCE CARDS OR LEADERSHIP PINS.

Print or Type

Name		
Address		
City	Zip	
Phone	Unit Number	District Number

I have participated in the following Leadership Workshops as an Attendee or Instructor.  
List level (Unit, District or Department), name of instructor, where workshop was held and date.

LEVEL	NAME OF INSTRUCTOR	WHERE HELD	DATE

### CERTIFIED INSTRUCTOR'S ENDORSEMENT

This recertification of this applicant is approved - disapproved (Circle choice)

\_\_\_\_\_  
CERTIFIED INSTRUCTOR (Signature Required)

\_\_\_\_\_  
Date

PLEASE INCLUDE ONE DOLLAR (\$1.00) FEE FOR CARD AND  
FORWARD TO DEPARTMENT LEADERSHIP CHAIRMAN