



# TAP Application

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years as HTA member: \_\_\_\_\_ Years working as a trimmer: \_\_\_\_\_

Name of trimmer for whom application is being made (if different than above).

\_\_\_\_\_

Accident/Medical problem description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate recovery time: \_\_\_\_\_

Has applicant received medical treatment/advice?  Yes  No

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of assistance is being requested:

Financial:

Trimming: \_\_\_\_\_ days/week \_\_\_\_\_ head of cows?