

Application for Shotgun Referee's License Renewal

| The Federation of | | | | | endorses the application of: | | | |
|---|--|-----------------------------|------|--------------------|------------------------------|--------------------------|-------|--|
| | | Name of national federation | | | | | | |
| | | | | | | | | |
| Family Name(s) | | | | Given Name(s) | | | | |
| | | | | | | | | |
| Date of | Birth: | | | | | | Women | |
| | Day | Month | Year | | Gender | | Men | |
| | | | | | | | | |
| to have the license renewed: | | | | | | | | |
| License Number: | | | | | | | | |
| The ISSF Member Federation confirms that the applicant has obtained experiences as a Shotgun Referee in international, regional or national level competitions during the last four years period. | | | | | | | | |
| The applicant has good knowledge of the current ISSF Rules and Regulations. | | | | | | | | |
| This is to certify that the information given is correct. | | | | | | | | |
| STAMP | SIGNATURE AND Printed Name and Signature of STAMP of the FEDERATION. | | | of the Federation: | | Stamp of the Federation: | | |
| IMPORTANT: A DIGITAL PICTURE (JPEG) MUST BE ATTACHED WITH THIS FORM AND ALSO THE EYE CERTIFICATE FORM. | | | | | | | | |

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