

Application for Shotgun Referee’s License Renewal





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| The Federation of | | |  | | | | | endorses the application of: | |
| Name of national federation | | | | |
|  | | | | |  | | | | |
| Family Name(s) | | | | | Given Name(s) | | | | |
|  | | | | | | | | | |
| Date of Birth: | | | | | | | Gender: | | Women |
|  |  | Day | Month | Year |  |  | 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. | | | | | | | | | |
| SIGNATURE AND  STAMP of the FEDERATION. | | | Printed Name and Signature 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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