Application for Shotgun Referee’s



License

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| The Federation of | | |  | | | | endorses the application of: |
| Name of national federation | | | |
|  | | | | |  | | |
| Family Name(s) | | | | | Given Name(s) | | |
|  | | | | | | | |
| Date Of Birth: | | | | | | Gender: | Woman‚ |
|  | Day | | | Month | Year | Men |
| Please specify the number if you already hold an ISSF Judge’s license : | | | | | | |  |
|  | | | | | | | |
| **To be licensed as an ISSF Shotgun Referee in the Trap, Double Trap and Skeet events** | | | | | | | |
|  | | | | | | | |
| The Applicant has attended official ISSF Shotgun Referees’ Course(s) as follows: | | | | | | | |
| **Events** | | | **Course Dates** | | **Location** | | **Instructor** |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
|  | | |  | |  | |  |
| This is to certify that the information given is correct, that the applicant has experience as a national Referee. | | | | | | | |
| Signature and stamp of the Federation: | |  | | | | |  |

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disability** | | | | | | | | | | |
| I do not have any physical impairment that would prevent me from performing all duties required as a judge for the disciplines for which the license is required. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Criminal Record** | | | | | | | | | | |
| Do you have a criminal record relating to harassment and abuse, illegal drugs or substances and/or any law designed to protect minors? | | | | | | | | | **Yes** ☐  **No** ☐ | |
| **Language Capability** | | | | | | | | | | |
| **Provide an assessment of your language capability in the ISSF languages:** | | | | | | | | | | |
| Language | | Speak | | | | Understand | | | | |
|  | | Fluent | Well | | Basic | Fluent | | Well | | Basic |
| English | |  |  | |  |  | |  | |  |
| Arabic | |  |  | |  |  | |  | |  |
| French | |  |  | |  |  | |  | |  |
| German | |  |  | |  |  | |  | |  |
| Russian | |  |  | |  |  | |  | |  |
| Spanish | |  |  | |  |  | |  | |  |
| **Applicant’s Declaration** | | | | | | | | | | |
| **I affirm that all information contained in my application is true and correct.**  **I acknowledge to be bound by the ISSF Official Statutes, Rules and Regulations (including the ISSF Code of Ethics) in the respective applicable version as published in the**  **„Rules“ section on** [**www.issf-sports.org**](http://www.issf-sports.org/) **and I confirm that I have read and understood the**  **ISSF Data Protection Regulation as also published in the „Rules“ section on www.issf- sports.org.** | | | | | | | | | | |
| Date: |  | | | Signature of Applicant: | | |  | | | |
| **I consent to the ISSF‘s use of my health data as provided in the Eyesight Test Form and Certificate. I am aware that I have the right to withdraw my consent, but that**  **such withdrawal does not affect the lawfulness of any processing that was based on my consent before the withdrawal. I am aware that a withdrawal of my consent could prevent my continued engagement as ISSF Shotgun Referee.** | | | | | | | | | | |
| Date: |  | | | Signature of Applicant: | | |  | | | |
| **A DIGITAL PICTURE (JPEG) MUST BE ATTACHED** | | | | | | | | | | |

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