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: |  |  |

EDITION 2017 | Second Print V1.2 012021.RR

116 Copyright: ISSF

**(Page two of the application for a Shotgun Referee’s License)**

|  |
| --- |
| **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** |

EDITION 2017 | Second Print V1.2 01/2018

Copyright: ISSF 117