



Application for Shotgun Referee's License

The Federation of		endorses the application of:
	Name of national federation	

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Family Name(s)	Given Name(s)
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Date Of Birth:			Gender:	Woman,
Day	Month	Year		Men

Please specify if you already hold an ISSF Judge's or Referee's License in any discipline. The number is:	
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To be licensed as an ISSF Shotgun Referee in the Trap, Double Trap and Skeet events

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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, and that the photographs are of the applicant.

Signed for the Federation:		Please enclose one recent photo by 3 x 2 cm or send a digital photo (300dpi) to the ISSF Headquarters
Name typed or printed:		



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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 <input type="checkbox"/> No <input type="checkbox"/>

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 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:	

Fee enclosed: Euro 20.00 <input type="checkbox"/>	
Photograph enclosed <input type="checkbox"/>	Digital Photo sent to ISSF Headquarters <input type="checkbox"/>



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International Shooting Sport Federation Official Use:					
Date Acknowledged and Checked					
Recommended				Not recommended	
Class license				Postponed until	
By				Date	
	For the Judges Committee				
Trap		Double Trap		Skeet	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Date of issue		Invoice Number		Dispatched (mailed, given by hand)	