Application for Shotgun Referees' Licence

The Federation of _____ endorses the application of:

Name of national federation

Family Name(s)	Given Name(s)

Date of birth _____ Day _____ Month _____ Year

Gender Man ☐ Woman ☐

Please specify if you already hold an ISSF Judges' Licence in any discipline.:		The number is	
To be licenced as an ISSF Shotgun Referee in the Trap and Skeet events			
The Applicant has attended official ISSF Shotgun Referees' Course(s) as follows:			
Events	Course Dates	Location	Instructor
With the signature the ISSF Member Federation certifies that the information given is correct, that the applicant has experience as a Shotgun Referee in competitions, and that the photographs are of the applicant.			

This is to certify that the information given is correct, that the applicant has experience as a national judge, and that the photograph is of the applicant.		
Signed for the Federation:		send a digital photo (300dpi) to the ISSF Headquarters
Name typed or printed:		

Disability	
I confirm, I am physically able to perform and fulfil all of the requirements and duties of an ISSF Shotgun Referee.	
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						
Chinese						

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 50.00 ☐ Digital Photo sent to ISSF Headquarters ☐