

Shooter Certification Card

Issue Date:

Expiry Date: *(no later than 31/12/2015)*

Full Name:

Certifying Club Name:

Club NRA Affiliation Number:

Club Membership Number:



Chairman to initial each firearm type certified, others must be deleted

- | | |
|--|--|
| <input type="checkbox"/> Telescope sighted rifle | <input type="checkbox"/> Gallery rifle / carbine |
| <input type="checkbox"/> Iron sighted rifle | <input type="checkbox"/> Muzzle loaded rifle |
| <input type="checkbox"/> Long range pistol | <input checked="" type="checkbox"/> Muzzle loaded pistol |
| <input type="checkbox"/> Short range pistol | <input type="checkbox"/> Target Shotgun |
| <input type="checkbox"/> HME firearms / ammunition | |

I certify that the shooter named on this certificate is safe and competent to use the firearms initialled above.

Name

Signed Date