

Application for Classifier License Renewal

Family Name		Given Name	
Date of Birth	Day	Month	Year
Home Address (inc. ZIP/Postal Code)			Postal Address (inc. ZIP/Post Code)
Telephone Number			Email Address

License renewal requested:			
License Number:		License expiry date:	
		Year & Location of training course attended:	

- The applicant must be conversant with the current editions of the World Shooting Para Sport Classification Rules and Regulations.
- **Evidence of at least the last 5 National Classifications conducted is required** (Classification Cards) and must be sent as pdf file encrypted with a password (Please do not send the password by email, but contact us for further instructions).

Summary of Classifications conducted (national & international appointments) in last 4 years: <i>(*If further space is needed, please continue on a separate page and submit with the application)</i>			
Year	Competition	Country	Function

Applicant Declaration	
This is to certify that the information given is correct and the photograph is of the applicant.	
Signature	Please email a digital photograph (passport-style) to Info@WorldShootingParaSport.org
Date	
Photograph Sent <input type="checkbox"/>	Evidence of recent activity as a Classifier enclosed <input type="checkbox"/>

