



International Shooting Sport Federation
Internationaler Schiess-Sportverband e.V.
Fédération Internationale de Tir Sportif
Federación Internacional de Tiro Deportivo
 ISSF • Bavariaring 21 • D-80336 München • Germany
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 Fax: +49-89-54435544 • internet: <http://www.issf-sports.org>

Application for Shotgun Referees' License Renewal

The Federation of	Name of national federation	endorses the application of:
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Family Name(s)	Given Name(s)
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Date of Birth:	Day	Month	Year
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to have the license renewed:

License Number:

The ISSF Member Federation confirms that the applicant has obtained experiences as a shotgun referee in international, regional or national level competitions during the last four year period.

The applicant has good knowledge of the corrent ISSF Rules and Regulations.

This is to certify that the information given is correct and the photograph(s) are of the applicant.

Signed for the Federation:		Please enclose two recent photos by 3 x 2 cm or send a digital photo to the ISSF Headquarters
Name typed or printed:		

Fee enclosed: Euro 15.00	
Two Photographs enclosed	Digital Photo sent to ISSF Headquarters



International Shooting Sport Federation Eyesight Test Form and Certificate

Applicant:

Family Name(s)

Given Name(s)

Date
of Birth:

Day

Month

Year

Certifying medical practitioner / ophthalmologist:

Name, qualifications and medical specialty (for example: Dr. AB Cook, MD, General Practitioner:)

Name		Address		Email	
Phone		Fax		Mobile phone	

1.	Is the visual acuity 0.7 (6/9 or 20/30) or better on each eye? Yes, without correction <input type="checkbox"/> Yes, but only with correction <input type="checkbox"/> Corrections: Left: Right:	No <input type="checkbox"/>
2.	Is there any evidence or history of impaired night vision?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Is there any defect in colour vision? If yes, what kind of defect:	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Is there any sign of diplopia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Are there any defects in the binocular visual field? If yes, attach vision field maps!	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.	Is there any evidence of other ophthalmic pathological conditions or diabetes? If yes, what condition(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical practitioner's / ophthalmologist's declaration:

I, certify that I have examined the above named person, confirmed his/her identity and that I have correctly answered the questions above.

Date of examination:		Name:		Signature and Stamp:	
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National Federation's declaration:

We confirm that the applicant is fully supported by our federation to act as an international shotgun referee.

Name:		Date:		Signature and Stamp	
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For ISSF official use only:

Investigation

Rejected

Approved