



**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  
 Phone: +49-89-5443550 • e-mail: [munich@issf-sports.org](mailto:munich@issf-sports.org)  
 Fax: +49-89-54435544 • internet: <http://www.issf-sports.org>

## Application for Shotgun Referees' License

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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Please specify if you already hold an ISSF Judges or Referee License in any discipline.	The number is:
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to be licensed as an ISSF shotgun referee in the following events:		
Trap YES <input type="checkbox"/> / NO <input type="checkbox"/>	Double Trap YES <input type="checkbox"/> / NO <input type="checkbox"/>	Skeet YES <input type="checkbox"/> / NO <input type="checkbox"/>

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.
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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:	



(Page two of the application for a Shotgun Referees' License)

<b>Disability</b>	
Do you have any physical impairment that would not permit you to perform all the duties required as a shotgun referee for the events for which you are requesting a license?	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
<b>If Yes, please provide a separate letter describing your disability.</b>	

<b>Language Capability</b>						
<b>Provide an assessment of your language capability in the ISSF languages:</b>						
Language	Speak			Understand		
	Fluent	Well	Basic	Fluent	Well	Basic
English						
Arabic						
French						
German						
Russian						
Spanish						

<b>Applicant's Declaration</b>			
<b>I affirm that all information contained in my application Is true and correct.</b>			
Date:		Signature of Applicant:	
Fee enclosed: Euro 20.00 <input type="checkbox"/>			
Two Photographs enclosed <input type="checkbox"/>		Digital Photo sent to ISSF Headquarters <input type="checkbox"/>	

**International Shooting Sport Federation Official Use:**

Date Acknowledged and Checked			
Recommended		Not recommended	
Class license		Postponed until	
By	For the Judges Committee		Date

Trap YES <input type="checkbox"/> / NO <input type="checkbox"/>	Skeet YES <input type="checkbox"/> / NO <input type="checkbox"/>	Double Trap YES <input type="checkbox"/> / NO <input type="checkbox"/>
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Date of issue		Invoice Number		Dispatched (mailed, given by hand)	
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# 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 ☐