

COMPETITOR APPLICATION – CSS Special Authorization

National Rifle Association of America • Adaptive Shooting Program • 11250 Waples Mill Road • Fairfax, VA 22030
703-267-1491 • fax 703-267-3999 • adaptiveshooting@nrahq.org



Applicant Name: _____ NRA Member # _____

Date of Birth: _____ Please List Your Shooting Discipline: _____

Street Address: _____

City _____ State _____ ZIP _____

Phone number: _____ Email Address: _____

Competitor Application Checklist:

- Complete all sections (front and back) of this application; if a question does not apply, leave it blank.
- Include completed medical form (front and back), signed by your physician.
- If you are applying to use a special apparatus, modified shooting device, or a modified shooting position; you will need to provide 2 copies of clear, unaltered photographs showing the device and/or position being used.
- Include copies of x-rays and other relevant documentation when available.

***Please type or print legibly.*

I. Competitor Background

- a. Applying for: Permanent Authorization Temporary Authorization
- b. What is your competitor classification: Unclassified Marksman Sharpshooter
 Expert Master High-Master
- c. Non-Member Competitor Classification Number (if applicable): _____



