**Please type or print legibly.**

### 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.

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### 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): ______________________

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**Note:** DO NOT FAX THIS FORM.
d. If recovering from a surgical procedure or injury, what is expected date of complete recovery?

II. Written Statement: You may use the space below or attach a separate written statement to this application. Please explain in detail why you are applying for special authorization, in which position you wish to remain, or what apparatus/equipment you would like to use in competition.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Competitor Signature:___________________________________ Date:________________