

COMPETITOR APPLICATION – CSS Special Authorization

National Rifle Association Of America • Competitive Shooting • 11250 Waples Mill Road • Fairfax, Virginia 22030
703-267-1450 • fax 703-267-394 • compadmin@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.
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***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): _____
- d. If recovering from a surgical procedure or injury, what is expected date of complete recovery?



