

# COMPETITOR APPLICATION – CSS Special Authorization

National Rifle Association Of America • Adaptive Shooting Program • 11250 Waples Mill Road • Fairfax, Va 22030

Phone: 703-267-1491 • [adaptiveshooting@nrahq.org](mailto:adaptiveshooting@nrahq.org) • **DO NOT FAX THIS FORM**



**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): \_\_\_\_\_



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.

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**Competitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

