**To be completed by the Applicant**

|  |  |
| --- | --- |
| Family Name: | Given Name/s: |
| Address: |
| Email address: |
| Club: |
| Current PA Holster Card # | Expiry Date: |
| Signature: | Date: |

I agree to the conditions on use and application of PA Holster Accreditation as laid down by Pistol Australia Inc.

**To be completed by a Club Official**

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has continued to compete without any safety problems in PA events requiring holster draw, and is affiliated to Pistol Australia Inc.

|  |
| --- |
| Club: |
| Club Official Name: |
| Position: |
| Signature: | Date: |

**To be completed by a Holster Accreditation Assessor**

|  |
| --- |
| Assessor Name and # |
| Reissued Card # | Expiry Date(mm/yy) |

Holster Accreditation Details (tick appropriate qualification)

|  |  |  |
| --- | --- | --- |
|  | Revolver | Semi Auto |
| Service Pistol |  |  |
| Action Match |  |  |
| WA 1500 Match |  |  |

On completion, forward this to PNT: PO Box1081 Palmerston, or pistolnt@gmail.com