# 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: _____

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## 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?

_____

**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:**_____