

NROI LEVEL 1 SEMINAR APPLICATION

PLEASE PRINT CLEARLY--Certification information is taken directly from this application.

Name: _____ USPSA No: _____ Exp. date: ____/____/____

Date of birth ____/____/____

Address: _____

City, State, Zip: _____ Home phone: _____

Email: _____ Work phone: _____

Club affiliation: _____ Location: _____

IPSC shooting experience: _____

Why do you want to attend this seminar? _____

Applicant signature: _____ Date: _____

Please Note:

***Seminar fee must be included with this application and
USPSA membership is mandatory for seminar attendance.***

NROI USE ONLY

Seminar location: _____ Date: _____

Instructor: _____

Final exam score: _____

Recommendation to certify: () Yes () No _____/____/____

Instructor's signature and date

Comments: _____
