

NROI LEVEL II SEMINAR APPLICATION

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

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

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ DOB _____

Club Affiliation: _____ Location: _____

Range Officer 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. A minimum of one year's experience as an RO is required to take the CRO Course.

NROI USE ONLY

Seminar Location: _____ Date: _____

Instructor: _____

Course of Fire Comments: _____

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

Instructor's Signature and Date

Comments: _____
