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RANGE OFFICER ACCREDITATION - REQUEST AND APPROVAL

NOMINEE/PERSON SEEKING TO BE A RANGE OFFICER									
Surname				Given Name/s					
Address (please include street address, State and postcode)									
Postal Address (if same as above, please write "as above"									
Telephone	Home	•		Work			Mobile		
Email Address		•		,		•			
Rifle Club				NRAA Member since			SID Number		
Previous Range Officer experience									
Do you wish to apply for Recognition of Prior Competencies? (please email NRAA with details of the experience and roles undertaken by the member.)						☐ Yes		□ No	
Nominee/Applicant's Signature									
CDONCODING CILIP									
SPONSORING CLUB									
Club Name									
Club Captain's Nam					SID Number				
Club Email Address									
Nominee has been a member of the club since:									
The Committee agrees that the Nominee is a fit and proper person to be a Range Officer						☐ Yes		□ No	
Club Captain's Signature									
STATE / TERRITORY									
STATE / TERRITORY Range Officer Coordinator's Name SID Number									
Range Officer Coordinator's Name I certify that the S/T Association agrees to train the Nominee as a fit						31D Nullii	ber		
and proper person to be a range officer.								□ No	
Date Course Completed					Pass or Fail	☐ Pas	s	☐ Fail	
SIA NIF Course Completed Date			е		Certificate Attached	☐ Yes		□ No	
I certify that the NRAA has been advised, by providing a copy of the RO Accreditation Summary form to admin@nraa.com.au									
Range Officer Coordinator's									
Signature									