



APPLICATION FOR EQUIPMENT CONTROL COURSE

Name

PLEASE PRINT CLEARLY

Given name/s	Preferred name	Family name
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Address

Street	
City	State
Post code	club

Date of birth

Day	Month	Year
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Email address

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I understand that the issue of a Pistol Shooting Queensland Certificate is conditional on affiliation to PSQ. I have read and accept the PSQ "Volunteer Code of Conduct" and agree to be available to assist with any Equipment Control when / if available.

Date	Signature
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To be completed by course supervisor only

Candidate has been assessed as COMPETENT / NOT YET COMPETENT	
Comments:	
Trainer/Assessors Signature:	Date: