



National Rifle Association

Referee Form 2 (Armed Forces and Armed Police applications only)

To be completed by a person of professional standing, *not* related to the applicant.

Applicant's details

Title..... Full Name.....

Address.....

.....

..... Post Code.....

Referee Details

Name.....

Address.....

.....

..... Postcode.....

Daytime phone number.....

NRA Affiliation No: (Only if you have one)

Reference

Must be completed in full

1 How long have you known the applicant?

2 In what capacity do you know the applicant?

3 What do you know of the applicant's shooting experience?

4 Are you aware of any shooting related incident that could give rise for concern?

YES

NO

please tick one

5 Are you aware of any incidents of intemperate behavior?

YES

NO

please tick one

6 If you have answered 'YES' to questions 4 &/or 5, please give reasons.

If 'Yes' from Q4

If 'Yes' from Q5

Please continue on an extra sheet if necessary

7 How would you describe the Applicant's general demeanor?

"I declare that the information I have provided on this form is true and correct to the best of my knowledge."

SignedDate

Please note: We must have original signatures, so faxed or emailed versions are not acceptable

Do not return this form to the Applicant. Return directly to:

The Membership Department
NRA, Bisley National Shooting Centre, Brookwood, Surrey, GU24 0PB