



SSAA (QLD.) Inc.
SSAA RANGE OFFICER APPLICATION FORM

*To be completed by applicant & Branch Management Committee and
 forwarded to SSAA (Qld.) Inc. for processing.*

Branch to retain a copy for Branch Files.

Applicant Details	
Name in Full: <small>(Please print clearly)</small>	D.O.B:
Email Address:	
Mobile Number:	
SSAA Membership Details	
Membership Number:	Branch:

RANGE OFFICER ACCREDITATION REQUESTED – Please tick box / boxes:

LONGARMS			HANDGUN		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMITTEE USE ONLY

Supporting documentation – Please tick

Copy of Range Officers Trainee timesheet attached			Copies of Firearms Licenses attached			Copy of Blue Card attached			Current SSAA Membership Card attached		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Branch Range Officer Status Approved: *Please date and tick*

Administrative Check:	Date:	<input type="checkbox"/>
Branch Mgt. Committee Meeting:	Date:	<input type="checkbox"/>
Ratified General Meeting:	Date:	<input type="checkbox"/>
Range Officer Card Issued:	Date:	<input type="checkbox"/>

President Name:			
President Signature:		Date:	
Secretary Name:			
Secretary Signature:		Date:	

Please scan and e-mail a copy of this completed form and supporting documentation to SSAA (Qld.) Inc. State Office enquiry@ssaaqld.org.au so a State Endorsed Branch Range Officer Card can be issued.



SSAA (QLD.) Inc.
TRAINEE RANGE OFFICER ATTENDANCE SHEET

Longarm / Handgun

Use a separate sheet for each licence category.

TRAINEE RANGE OFFICER ATTENDANCE for:

DATE	TIME (Min. 10hrs under supervision)	MATCH	Supervising RANGE OFFICER	COMMENTS
03/07/20	2 ½ hrs	Field Rifle	Bill Bee	Effective supervision of the firing line

Branch Management Committee endorsement:

Name:	Position:	Signature: