



# MUZZLE LOADERS' ASSOCIATION OF GREAT BRITAIN

Annual Shooters Safety Certification 2010  
Application for certification by the MLAGB

*Form to be completed in block capitals and black ink*

Office Use Only  
Certification Number

First name	Surname	MLAGB membership number

Required criteria (please give details of any that apply / cross out those that don't)	
I am a current NRA RCO or MLAGB Range Officer. <i>(Give number or attach copy of certificate)</i>	
I am a properly nominated club instructor or coach for that type of firearm. <i>(Branch Secretary to confirm)</i>	
I have successfully completed the MLAGB basic course as set out in the Wedgnock Range manual. <i>(Branch Secretary to confirm)</i>	
I have shot and recorded a score in a competition run by the NRA/ MLAGB within the past year. <i>(Specify competition and date)</i>	
I have successfully completed the NRA range safety assessment and competency test. <i>(Attach copy of certificate)</i>	
MLAGB members falling outside these criteria will require a written recommendation from their branch secretary/club official in support of this application.	

### TICK BOX FOR WHICH CERTIFICATE OF COMPETENCE IS REQUIRED

Telescope sighted rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
Iron sighted rifle	<input type="checkbox"/>	Gallery rifle / carbine	<input type="checkbox"/>
Muzzle loading rifle	<input type="checkbox"/>	Muzzle loading pistol	<input type="checkbox"/>
		Short range pistol	<input type="checkbox"/>

**Shooters declaration:**

I declare that the information I have provided above is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The completed form should be forwarded **with a stamped addressed envelope** to:

Mr A Grimmett, MLAGB Liaison Officer, PO BOX 364, Bicester, OX26 9FB