



Guidelines

1. The applicant fully completes the appropriate form in this document.
2. The applicant attaches CERTIFIED copies of:
 - RO Certificate
 - ID document
 - Proficiency certificate obtained from accredited training provider
3. The applicant submits the application to the provincial or club secretary (SAMSSA secretary for direct members).
4. The provincial/club representative completes section 4 & 5
5. The applicant submits the application to SAMSSA office, together with the payment (or proof of payment) of the R70 application fee.
6. **No faxed or e-mail applications will be considered for approval.** All applications must be posted in its original form to SAMSSA, PO Box 31152, Fichardtpark, 9317



Application for dedicated Sportsperson Status form

An application fee of R70.00 is payable to SAMSSA. This fee is not refundable should the application be unsuccessful.

1. PERSONAL DETAILS OF APPLICANT

SAMSSA number:				ID Number:			
Surname:							
Full Names:							
Residential Address							
						Code	
Postal Address							
						Code	
Contact Numbers	Work			Home			
	Cell			Fax			
E-mail					Occupation		

2. BACKGROUND INFORMATION

Are you a member of a SAMSSA affiliated club (either directly or through a provincial body)? If yes, which one?.							
Are you a member of a Metallic Silhouette Shooting Provincial Association? If yes, which one?							
Do you endorse the constitution of SAMSSA?							
Do you understand and endorse IMSSU and SAMSSA rules?							
Did you successfully complete the SAMSSA RO examination? <i>(Please provide certified copy of certificate)</i>							
Did you successfully complete the required proficiency training? <i>(Please provide certified copy of certificate)</i>							
Do you consider yourself to be a conscientious and safe shooter?							
Did you attach <i>certified</i> copies of the following documents?							
RO certificate		ID document		Proficiency certificate(s)			



3. PARTICIPATION

When did you start participating in the Metallic Silhouette Shooting Sport?			
Which year did you become a member of SAMSSA?			
Are you currently a fully paid-up member of SAMSSA? If yes, when does the membership expire?			
How many times did you participate in Metallic Silhouette Shooting competitions during the past 12 months (club, league, provincial, national or international level). Please provide details of last 6 competitions below:			
Date	Competition	Events participated in	

4. DECLARATION BY APPLICANT:

I, _____ (name) the undersigned, hereby declare that all the information furnished above is true and correct.

I understand that the deliberate provision of false information and/or not furnishing relevant information pertaining to the FCA in an attempt to receive accreditation as a dedicated Sport Shooter, will result in serious and appropriate disciplinary action being taken against the individual member of SAMSSA. I hereby give permission to SAMSSA to, in accordance with Regulation 4(2) of the FCA, render information pertaining to my person, to the CFR and the SAPS. I hereby declare that I fully understand and abide by the constitution of SAMSSA.

I declare that I fully understand the contents of this declaration and do so out of my free will.

Signed on this the _____ day of _____ at _____

Signature Applicant



5. RECOMMENDATION AND CERTIFICATION BY AFFILIATED PROVINCIAL BODY OR CLUB

Recommendation completed by:					
Name		Position		Organisation	
Is the applicant a member of good standing with your organisation?					
Do you know of any reason why the application should not be awarded dedicated status?					
Do you support the application?					
Is the applicant an active member of your organisation?					
Is the participation record supplied by the applicant in paragraph 3 correct?					

6. DECLARATION BY CLUB OR PROVINCIAL ASSOCIATION REPRESENTATIVE

I, _____ (name) the undersigned, hereby declare that all the information furnished in paragraph 5 is true and correct.

I understand that the deliberate provision of false information and/or not furnishing relevant information pertaining to the FCA will result in serious and appropriate disciplinary action being taken against the provincial representative

I declare that I fully understand the contents of this declaration and do so out of my free will.

Signed on this the _____ day of _____ at _____

Signature Representative

FOR SAMSSA OFFICE USE ONLY					
Information verified?		Documentary proof verified?		Membership status verified?	
Application result	Approved	Refused	SAMSSA certificate number		
<u>Reasons for approval/refusal</u>					

Full Name: _____

Signed: _____
SAMSSA Delegate

Date: _____