

## Application for Renewal of Pistol Australia Holster Accreditation



### To be completed by Applicant

<b>Family Name:</b>	<b>Given Name/s:</b>		
<b>Name to appear on card:</b>			
<b>Address:</b>			
<b>Email address:</b>			
<b>Club:</b>			
<b>Current PA Holster Card #:</b>		<b>Expiry Date:</b>	
Currently approved for – (X relevant box)	<b>Revolver</b>	<b>Semi Auto</b>	
I agree to the conditions on use and application of PA Holster Accreditation as laid down by Pistol Australia Inc.			
<b>Signature:</b>			<b>Date:</b>

### To be completed by a Club Official

**Shooter Name:**

1. Has continued to compete without any safety problems in PA events requiring holster draw, and
2. Is Affiliated to Pistol Australia Inc.

<b>Club:</b>			
<b>Club Official:</b>	<b>Print Name:</b>	<b>Date:</b>	
<b>Position:</b>			
<b>Signature:</b>			

NSWAPA members:

Post to: PO Box 3232  
North Strathfield 2137

Or

Email to: [admin@nswapa.org.au](mailto:admin@nswapa.org.au)