

Medical Certification

I certify that I have examined (Name/Surname):

I.D Number: Today

For the purpose , To Keep/Carry and use Fire Arm/s as licenses indicated in the list below

			Note
License	A	<i>TARGET SHOOTER</i>	
License	B	<i>TARGET Tactical</i>	
License	B	AIR GUN <i>TARGET SHOOTER</i>	
License	B	Clay Pigeon <i>TARGET SHOOTER</i>	
License	A	<i>COLLECTOR LICENCE</i>	
License		RCO	

And Certify that :

He/she hears a conversation speech from a distance of _____Meters unaided aided (hearing aid/s)

He/She is <i>NOT FIT TO HANDLE ANY OF THE ABOVE LICENCES</i> due to medical condition:
Motive / Condition :
Doctor`s Signature, Stamp and Reg. No:

He/She is considered <i>FIT TO HANDLE THE LICENCES AS INDICATED ABOVE</i>
Doctor`s Signature, Stamp and Reg. No: