

PLEASE USE BLOCK CAPITAL LETTERS

APPLICATION FOR RE-CERTIFICATION OF EXISTING QUALIFICATION

SN		Rank		Surname and Initials	
Unit			Element		
Home Address			City		Postal Code

Qualification Type (Check the appropriate box(es))

<input type="checkbox"/>	RSO Large Bore	<input type="checkbox"/>	RSO Small Bore
<input type="checkbox"/>	RSO Air Rifle	<input type="checkbox"/>	Cold Weather Indoctrination Course
<input type="checkbox"/>	Abseiling Instructor	<input type="checkbox"/>	Biathlon Instructor
<input type="checkbox"/>		<input type="checkbox"/>	Basic Canoe Instructor
<input type="checkbox"/>	Canoe Trip Leader (Requires St John Standard First Aid – Please provide copy of certification)		

Expiration date of current certification	Type	
	Qual # 1	
	Qual # 2	
	Qual # 3	

Date of last exercise conducted	Type	
	Qual # 1	
	Qual # 2	
	Qual # 3	

CO verification that above information is correct

CO Name and Initials		Signature	Date
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ACO Recommendation

Verified Last Exercise Conducted		Type	RSS Number	RSS Date
	Qual # 1			
	Qual # 2			
	Qual # 3			

ACO Name and Initials		Signature	Date
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Trg Coord Approval

Approved	Not Approved
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