



APPLICATION FORM FOR THE INTERNATIONAL BIATHLON REFEREE EXAMINATION

Surname	First Name
<input type="text"/>	<input type="text"/>
Street	Postal Code
<input type="text"/>	<input type="text"/>
Place	E-Mail
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Nationality	Date of Birth
<input type="text"/>	<input type="text"/>
National referee license since	
<input type="text"/>	
Language skills	
<input type="text"/>	
National Federation	
<input type="text"/>	

The applying NF confirms that the candidate meets the prerequisites acc. to Annex C, point 2.1.2.3 of the IBU E&C Rules

Place / Date	Stamp National Federation / Signature
<input type="text"/>	<input type="text"/>

Send to	
IBU Headquarter Peregrinstraße 14 A-5020 Salzburg	Head of Referees: Franz Berger Race Director IBU Cup: Kristjan Oja E-Mail: kristjan.oja@ibu.at

Please attach a passport-photo of the candidate!

(To be filled in by IBU)

Date of Examination	Place of Examination
<input type="text"/>	<input type="text"/>
Examiner	
<input type="text"/>	
Licence given	Number of Licence
<input type="text"/>	<input type="text"/>