



## HOLSTER QUALIFICATION COURSE ASSESSMENT COMPLETION ADVICE TO PNZ

|   |                               |                              |                                       |   |
|---|-------------------------------|------------------------------|---------------------------------------|---|
| Trainees Surname  |                               |                              | First Name                            |   |
| Postal Address:   |                               |                              | Post Code:                            |   |
| Telephone No:   | Email address:                |                              |                                       |   |
| Firearms License:   | Home Club:                    |                              |                                       |   |
| FM1 Number:   | Chosen Discipline:            |                              |                                       |   |
| Rule Book:  | <input type="checkbox"/> IPSC | <input type="checkbox"/> CAS | <input type="checkbox"/> Action (NRA) | <input type="checkbox"/> Service Pistol (Speed-Free Online) |
| I declare that I have completed the prescribed course, through my club, as laid down by<br>Pistol New Zealand <span style="float: right;">Trainee Signature:</span> |                               |                              |                                       |   |

### ASSESSMENT DETAILS

|                       |   |                                   |  |
|-----------------------|---|-----------------------------------|--|
| Assessment Location   | Date  |                                   |  |
| Pistol used:          | <input type="checkbox"/> Semi-Auto              | <input type="checkbox"/> Revolver | <input type="checkbox"/> Single action   |
| Equipment check:      | <input type="checkbox"/> Meets the requirements | <input type="checkbox"/>          | <input type="checkbox"/> Upgrade required  |
| Result of assessment: | <input type="checkbox"/> Pass                   | <input type="checkbox"/> Fail     | <input type="checkbox"/> No of Hits (Action) <input type="checkbox"/> No of Hits (CAS) |
| Assessor Details:     | Name:   | Signed:                           |  |
|                       | Email Address:                                  | Number:                           |  |

### **Holster Assessor Action:**

|                           |   |                         |
|---------------------------|---|-------------------------|
| When Complete<br>Send to: | PNZ Executive Officer,<br>P O Box 391, Hastings, 4156 | Total Fees included: \$ |
|---------------------------|---|-------------------------|

### **PNZ Office use only**

|                     |              |           |                 |
|---------------------|--------------|-----------|-----------------|
| Date Form Received: | Receipt Ref: |           |                 |
| Date items sent:    | Items sent:  | Badge / s | Rule Book / s   |
|                     |              |           | Certificate / s |