

# RELEASE TRIGGER APPROVAL



## *For use by Rules Supervisors*

Dear Sir,

I have examined:

NAME:	
ADDRESS:	
POSTCODE:	M/SHIP No.

for the use of a **Release Trigger** as described in Rule 1.4(b). Having investigated the application, I am satisfied that the applicant understands the use of a Release Trigger device.

Please tick/circle:

Yes

No

I would like to request the applicant (if successful) be placed on the Release Trigger national list as a user of the device with his/her handicap card marked accordingly and a sticker sent for their firearm.

Rules Supervisors Signature: \_\_\_\_\_

Printed Name & ACTA Number: \_\_\_\_\_

Rules Supervisor in the State of: \_\_\_\_\_

Dated: \_\_\_\_\_