

South African Institute of Range Officers and Instructors

Promotion Request

Please PRINT clearly		
General		
Name: Province:		
Progression Rank: Provincial National Chief RM/SD		
Discipline/s: Action Air Handgun Mini Rifle Rifle Shotgun Stats		
Applicant's Signature:		
To be completed by Board member (as applicable)		
Written Exam %: Date:		
Practical Evaluation:		
%: Done by: Date:		
Board member Name:		
Signature: Date:		
Provincial Chairperson		
Name:		
Signature: Date:		



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Promotion Request

For Admin Use only:		
Number of Points: L1 L2	L3 L4 L5	
Chief Range / Stats Officer:		
Assessment 1: %: A	Assessment 2: %:	
Done by: D	one by:	
Done by: D	one by:	
Chronograph date: Lo	evel I seminar date:	
Range Master / Stats Director:		
RM / ARM date:	RM / ARM date:	
Level II seminar date:	Circulated on:	
Approved: Y N		
Certificate Issued:	RO Number:	