

IPSC ONTARIO
CANDIDATE INFORMATION SHEET

Surname: _____ **Given Name(s):** _____

Address: _____

City: _____ **Postal Code:** _____

Home Club(s): _____

Phone Number: _____ **Cell #:** _____

Email Address: _____

Have you successfully completed the CSSA Club Level Safety Course? _____ **Date:** _____

Have you completed any other firearms related training courses, and if so please list them: _____

Do you have any physical condition that may adversely affect your performance on this course? Yes No

If yes, explain briefly: _____

Firearm you intend to use for this course:

Make: _____ **Model:** _____ **Caliber:** _____

Please list any modifications to this firearm: _____

Approximately how many rounds have you fired from this firearm? 100 to 500 500-1000 >1000

Are the controls, (safety and mag release), easily manipulated with the strong hand only? Yes No

How many magazines or speedloaders do you have for this firearm? 2 3 4 More than 4

Do you reload for this firearm? Yes No **Is your firearm reliable with this ammo?** Yes No

If not, are you prepared to obtain and have on hand at least 500 rounds for this course? Yes No

Holster for the course: Please note that button activated holsters are not allowed.

Make: _____ **Model:** _____ **Left handed?** _____ **Duty Rig?** _____

Do you have sufficient magazine pouches or speedloader holders and a belt to carry them on? Yes No

Can you make the accuracy prerequisite of 9 out of 10 shots on a 30cmX30cm target at 20m? Yes No

Have you ever been denied access to, rejected from, or failed to complete any other Black Badge Training Program or other firearms safety course? Yes No **If yes, please explain:**
