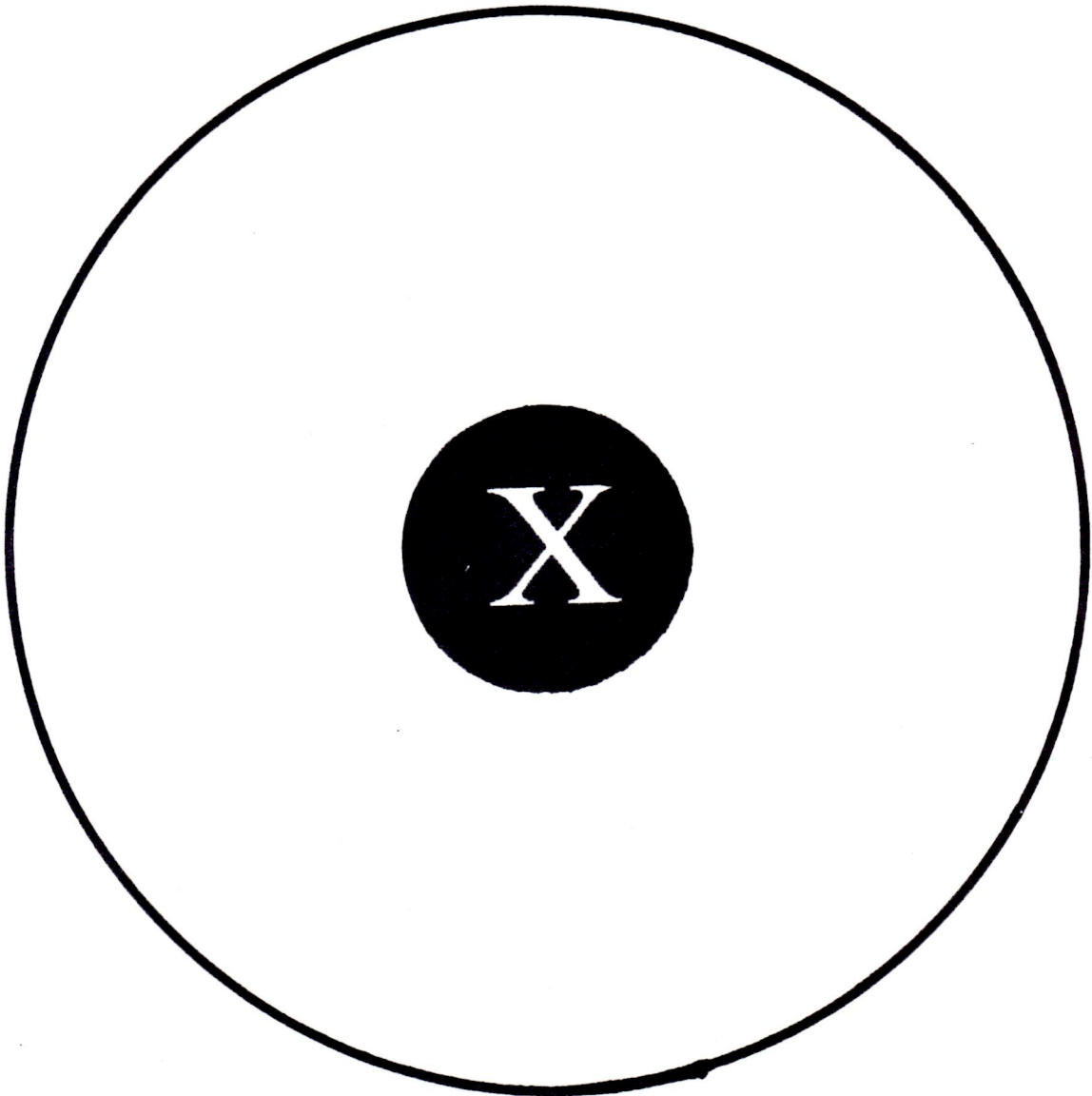


**NCBA – BCRS “APT” TARGET** \*NOTE: Submit completed target with application.

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION OF CERTIFICATION: \_\_\_\_\_



**NOTE:** Certifier must be approved by NCBA-BCRS and be current NCBA member.

CERT. BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

<p><b><u>BOW Information:</u></b> Circle One: Traditional    Compound Make/Model: _____ Serial/ID No. _____ Bow Peak Draw Weight? _____ ;    Letoff? _____ % (For compounds only!)</p>
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**SCORE:** \_\_\_\_\_ / 10 - w/ \_\_\_\_\_ X's