

NCBA – APPLICATION FOR: “BCRS-APT CERTIFIER”

***** PRINT LEGIBLY WITH “BLACK” INK, or TYPE... PLEASE ! *****

Name: _____

Address: _____

City/St/Zip: _____

Phone: (Home) (____) _____

Phone: (Work) (____) _____ Cell #: (____) _____

Email: _____

County of Residence: _____; Wildlife District: _____

Date of Birth: _____;

Sex: Male _____; Female: _____.

NC Driver Lic. No. _____.

"Other" Driver Lic. No. _____ State? _____

What is your occupation? _____

Do you belong to a NCBA Local Chapter Archery/Bowhunting Club? _____.

Do you belong to any other Archery/Bowhunting Club? _____.

Name of Club: _____

How long have you been a NCBA Member? _____ (Years)

Are you a NCBA Lifetime Member? _____.

How long have you been bowhunting ? _____ . (Years?)

How many **BIG GAME** animals have you harvested with **bow and arrow**? (NO CROSSBOWS!)-

_____.

Have you ever been convicted of any type wildlife violation anywhere? _____. If **YES**, please explain and give details on back of page, or on separate page attachment.

References: (Two required; -No immediate family relatives please!)

1-Name: _____ NCBA Member? _____ Yes - No
Phones: (H)- _____ (W)- _____ (Cell)- _____

2-Name: _____ NCBA Member: _____ Yes - No
Phones: (H)- _____ (W)- _____ (Cell)- _____

Below are the guidelines for being approved as a “BCRS-APT Certifier.”
Please “check” ALL of them that apply to you.

Persons who may be qualified to administer the BCRS qualification tests are NCBA Members who are:

- ____ a. Any “present or past” NCBA E.C. or A.C. officer.
- ____ b. NCBA official measurers.
- ____ c. Officers/Designees of Local Chapter Clubs.
- ____ d. NCBA-IBEP Instructors.
- ____ e. NCBA members who operate public or private, indoor or outdoor ranges. (*These members must be certified by any ONE of the five options listed in “a, b, c, d, or e” above. A fee may **NOT** be charged to

administer the BCRS-BCPT test. Nor shall BCRS applicants be required to patronize their establishment in any manner, form or fashion.) **Record name, address & phone number(s) of business/range, etc., on back or separate attachment.**

I AFFIRM that the information above is true and factual to the best of my knowledge. If this application is approved and accepted, I agree to comply with all rules, regulations and requirements as set forth by the NCBA-BCRS Program. I understand that any falsification or omission of pertinent information in this application is grounds for disqualification of BCRS certification at any time.

Signed: _____ Date: _____
Print Name: _____

Witnessed By: _____ Date: _____
Witness Phone: _____

“BCRS-APT CERTIFIER” APPLICATION INSTRUCTIONS:

1. Mail completed application to:
Lin Webb, NCBA-BCRS
7090 East Cranberry Ct.
Fayetteville, NC 28306
2. After the *BCRS* has received and processed your application for “BCRS-APT Certifier,” you will receive notification that BCRS has received it. You will receive a ***BCRS-APT Certifier ID*** number and “Letter of Acceptance” which is valid until cancelled by you or the NCBA-BCRS Committee.
3. There is **NO** application deadline.
4. BCRS "Certifiers" must be active NCBA members, or **immediate** family members of an active NCBA member, and at least 18 years of age.
5. The address of our web page is: www.ncbowhunter.com/BCRS.htm . This site contains information and news regarding BCRS programs and activities, such as upcoming hunt plans, hunt draw (lottery) information, BCRS application forms, rules, regulations, member roster and roster of “BCRS-APT Certifiers.” Members are encouraged to check the website periodically for new information and developments. Updates may be included in the quarterly NCBA magazine. Periodic mailings to the entire *BCRS* membership via U.S. Mail will **NOT** be done. To control and reduce operating costs, our primary source of disseminating BCRS information will be via our website, the NCBA magazine and emailings.