

# Sydenham Sportsmen's Association (SSA)

## Club Level Safety Course (CLSC) and/or Holster Training Course Exemption Record (Separate Form is required for either Application)

Name: \_\_\_\_\_

Member #: \_\_\_\_\_ Application For \_\_\_\_\_ Course Exemption

I certify that the application statements of records are true

Applicant Signature \_\_\_\_\_ Application Date \_\_\_\_\_

List of Supporting Documents Attached (including Cover Letter, Certificates, etc.)

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**Where to Send:** Scan completed form and supporting documents and send via email attachments to the Course Contact (The Contact's info is found on SSA webpage – Range / Courses Offered) or deliver to drop off box located in SSA Range Building.

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### For SSA Range Committee Use:

Date Received \_\_\_\_\_

This document serves as record that the applicant has adequately demonstrated the understanding and good practices required OR has provided proof of taking a CLSC at another club that meets the Sydenham Sportsmen's Association's requirements for the safe use of Handguns on SSA ranges. The applicant is granted an exemption in the requirement of taking the course and associated tests and proficiency record.

This document serves as record that the applicant has adequately demonstrated the understanding and good practices required OR has proof of club recognized holster training for the safe use of a holster on the Sydenham Sportsmen's Association's shooting ranges. The applicant is granted an exemption in the requirement of taking the holster course and associated qualification process.

Date Discussed with Range Committee \_\_\_\_\_ Exemption Granted  Exemption Denied

Reason for denying exemption request: \_\_\_\_\_

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SSA Course Contact: Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Copy in member's File  Date: (if different than date discussed) \_\_\_\_\_ Initial \_\_\_\_\_

Copy to Applicant  Date: (if different than date discussed) \_\_\_\_\_ Initial \_\_\_\_\_

Member ID Badge Sticker applied or sent to Applicant  Date: (if different) \_\_\_\_\_ Initial \_\_\_\_\_