

APPLICATION FORM FOR THE INTERNATIONAL BIATHLON REFEREE EXAMINATION

Surname		First Name	
Street		Postal Code	
Place		E-Mail	
Phone		Fax	
Nationality		Date of Birth	
National referee license since			
Language skills			
Language skills			
National Federation			
The applying NF confirms that the ca	andidate meets the prerequisites a	cc. to Annex C, point 2.1.2.3 of t	he IBU E&C Rules
Place / Date		Stamp National Federation / Signature	
Tidee/ Bake			org
Send to			Please attach a
IBU Headquarter	Head of Referees: Michal Zichacek passport-photo of		
Sonystrasse 20 A-5081 Anif b. Salzburg	Race Director IBU Cup: Kristjan Oja burg E-Mail kristjan.oja@ibu.at		the candidate!
A-300 i Ailli b. Salzburg	L-Man Kristjani.Oja@ibu.at		
(To be filled in by IBU)			
Date of Examination		Place of Examination	
Examiner			
Licence given		Number of Licence	