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

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**X**

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

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

BOW Information (Circle One): Traditional Compound **SCORE: \_\_\_\_\_\_\_\_\_/10 – w/\_\_\_\_\_\_\_X’s**

Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Serial/ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bow Peak Draw Weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Let-Off (Compounds only): \_\_\_\_\_\_\_\_\_\_\_\_%

Mail to: **NCBA-BCRS Chairman, Don Moore  
659 Lakeview Dr, Stem, NC 27581 Any Questions, call: 919-971-4410 or Email:** [**bcrs@ncbowhunter.com**](mailto:bcrs@ncbowhunter.com)