2024 NOC Rising Implement Inspectors Grant Application

	Part A. Persona	al Information	
AME	USA	ATF Member #	Association
First Initial	Last		
DDRESS		CERTIFICAT	ION LEVEL
ITY	S ⁻	TATE	ZIP
IOME TELEPHONE ()	CELL PHONE ()	GENDER Male Female
-MAIL		DATE OF BIRTH	Age
	X' to the left of each meet for wh	-	
rt C. Experience Starting with th	mpionship Masters Outdo ne most recent meets, list up to e ur primary assignments as an offi	ight meets you have offic	iated from 2016 to the present.
——————————————————————————————————————	primary assignments as an one		
Month/Year	Meet Name	Meet Location	<u>Assignment</u>
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
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Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year	Meet Name	Meet Location	Assignment
Month/Year The information contained in this appreciation.			

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Email To: <u>kernro@yahoo.com</u>