



IDPA Chief Safety Officer Application

Name: _____

Membership number: _____

SO Certification date: _____

List the most recent sanctioned matches you worked:

Your role at the match:

List other sanctioned match experience:

List other supplemental experience:

Date

Signature _____

I certify these facts to be true

Signature of Club Contact _____

I certify these facts to be true

Signature of SOI _____

I certify these facts to be true

Office Use Only

Area Coordinator Approval
Comments

By approving this applicant as Area Coordinator,
you certify you have reviewed applicants
qualifications and determined them to be accurate.

Signature _____

Date _____