

APPLICATION TO USE A ELECTRONIC BAND SCANNING SYSTEM

I of
(Full name in BLOCK letters) (Full address in BLOCK letters)

a member of the Club hereby apply for approval to use a Electronic Band Scanning System as of the season. I have read and accept the rules and conditions on the installation and use of the EBSS within Central Cumberland Racing Pigeon Federation.

The Club has approved the use of the EBSS within their Club.

Type and name of EBSS purchased:

Serial Number: Number of sensors/antennas:

Serial Number of each sensors/antennas: (1) (2)

(3) (4)

Date and time the installation of the EBSS can be inspected:

Date: Time:

..... Dated:
(Signature of member)

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Date the above EBSS was inspected:

Number of sensors/antennas installed:

Approval: YES:

NO:

.....
(Signature of Club Secretary)

.....
(Signature of Committee Member)

.....
(Full name in Block letters)

.....
(Full name in Block letters)