



# Bowls Queensland Artificial Device Approval Form

Name of applicant: .....

Address: .....

Phone: ..... Mobile: .....

Bowls Club/s: .....

District Association/s: .....

Approval required for (please tick relevant box):

**Bowling Arm.**

- Store Purchased from: .....

- Model Type/Brand Name: .....

- Are there any additional modifications? YES  ; NO

- If yes, what are they (please include photo): .....

**Medical Certificate Supplied** (N.B all approvals require a current medical certificate) .....

Period of Time:

Full Time;  Temporary – From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

Applicant's Signature: ..... Date: .....

Club Secretary's Signature: ..... Date: .....

This is in accordance to the Domestic Regulations of the Laws of the Sport of Bowls – Crystal Mark edition – Regulation 3.5 Artificial device for delivering the jack or a bowl, Item 3.

**NB: Bowls Queensland reserves the right to withdraw approval should further information, regarding the item above be received.**

## Bowls Queensland Office Use Only

Approved:  Yes;  No

Bowls Queensland Authorised Representative: .....

Signature: ..... Date: .....

The above mentioned party has been given approval by Bowls Queensland to use the above mentioned item/items in all club, district and state controlled events.

**Bowls Queensland reserves the right to withdraw approval should further information, regarding the item above be received.**

Please return this form to Bowls Queensland,  
PO Box 476, Alderley QLD 4051 or fax (07) 3855 0010.