



# 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: .....

• Other: .....

• Model Type/Brand Name:

Bionic Bowlers Arm

DHB Bowlers Arm

Drakes Pride Bowlers Arm

• 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 3<sup>rd</sup> Edition – DR 4.11 (Refer to Bowls Australia Artificial Device Policy) Artificial device for delivering the jack or a bowl,

***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.

Please return this form to Bowls Queensland  
PO Box 476 Alderley QLD 4051  
or fax (07) 3855 0010 or email: [admin@bowlsqld.org](mailto:admin@bowlsqld.org)

**If interested in obtaining information regarding the  
"Maroon Arm Bowlers Association"  
please direct all queries to David Johnson at [david@davlie.com.au](mailto:david@davlie.com.au)**