

Washington Civil War Association

Safety Test Verification Form

Return this form to the Battalion Adjutant

Unit: (print) _____

Member Name: (print) _____

Member Signature: _____

Member Age: _____ Sponsor (if minor): _____

Date of Testing: _____ Test verified by: _____

Unit Commander: (print) _____ Date test received: _____

Unit Commander's Signature: _____

Test(s) Taken & Passed (circle all that apply): General * Infantry * Artillery * Cavalry * Engineers

Note: All WCWA members must take the General Exam. In addition, take all Military Branch test(s) that apply to your membership. If you belong to any branch other than the Infantry and plan to participate using a firearm, you must take the Infantry Exam in addition to your branch exam.

Cavalry Only

Horse(s) certified to ride

Horse-	Battle Cert.	#1 Battle Cert.	#2 Battle Cert.	#3 Battle Cert.

Test verified by: (print) _____

Unit Commander: (print) _____

Unit Commanders Signature: _____

WCWA Safety Test Score Sheet

Name: _____ Date of Testing: _____

Test verified by: _____ Unit: _____

General Exam

1.	8.	15.	22.	29.
2.	9.	16.	23.	
3.	10.	17.	24.	
4.	11.	18.	25.	
5.	12.	19.	26.	
6.	13.	20.	27.	
7.	14.	21.	28.	

Infantry Exam

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	

Cavalry Exam

1.	5.
2.	6.
3.	7.
4.	8.

Artillery Exam

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	
5.	10.	

Engineers Exam

1.	6.	11.
2.	7.	
3.	8.	
4.	9.	
5.	10.	