



Shooting Accuracy Information Collection

General Information

Name - _____

Store Name - _____

Contact Number - _____

Email. - _____

SN	
Device model	
Scope or Clip-on	Scope <input type="checkbox"/> Clip-On <input type="checkbox"/> If Clip-on please complete the Clip-On Additional Section
Rifle model	
Ammunition Model	
Mount Type	<input type="checkbox"/> Separate Ring <input type="checkbox"/> One Piece Ring Set <input type="checkbox"/> Counter lever Mount (Thunder / Panther) <input type="checkbox"/> Quick Detach Mount <input type="checkbox"/> Other - _____
Zeroing distance	
Actual hunting distance	

Clip-On Additional Section (**Only Fill if you have selected Clip-on**)

Adapter model	
Daylight scope model	
Daylight Scope Parallax adjustment	Fixed <input type="checkbox"/> Adjustable <input type="checkbox"/>
With or without parallax when used with daylight scope	With <input type="checkbox"/> Without <input type="checkbox"/>



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Issue Information

Issue Type	If the device can't zero <input type="checkbox"/>	If so only complete the Section (A) in the Issue Additional Section
	If the device can't hold zero <input type="checkbox"/>	If so only complete the Section (B) in the Issue Additional Section

Issue Additional Section

Section (A)

Where is the POI?	
Are the shots grouping?	
Distances between POI and bullseye	
Maximum distance between POI	

Section (B)

How does the POI change?	
Are the shots still grouping?	
How often and when does this occur?	
How many times did the problem first occur after shoot?	Less than 10 times <input type="checkbox"/> 10-100 times <input type="checkbox"/> More than 100 times <input type="checkbox"/>



You can scan this **QR code** to fill out the online form, which is also available on our website at www.huntsmanoptics.com