



N.H. FISH AND GAME DEPARTMENT
 11 Hazen Drive, Concord, NH 03301
 huntnh.com



APPLICATION FOR VOLUNTEER INSTRUCTOR TRAPPER EDUCATION PROGRAM

Name: _____

Last Name
Full First Name
Middle Initial

Mailing Address: _____
Street

City/Town
State
Zip Code

Daytime Phone: _____ Email: _____

I have a previous NH Trapping license or Trapper Education Cert. _____
License Type or Number

If other than a New Hampshire course or license, please submit a copy of your certificate of completion or out of state license.

Please list the names, addresses, and telephone numbers of three references:

Name
Address
Phone Number

Name
Address
Phone Number

Name
Address
Phone Number

I certify that there are no willful misrepresentation of the above statements and answers to questions. I am aware that a Criminal and Fish and Game background check will be conducted. I understand that should an investigation disclose such misrepresentations, my application may be rejected and my services may be terminated.

Signature: _____ Date: _____
 Each application must bear a current date and original signature

Via email: Eric.Geib@wildlife.nh.gov
 Via mail: New Hampshire Fish and Game Department,
 Owl Brook Hunter Education Center
 387 Perch Pond Road, Holderness, NH 03245



State of New Hampshire

Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records

33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to:

New Hampshire Fish & Game Department
Hunter Education Program
11 Hazen Drive
Concord, NH 03301

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

RECIPIENTS SIGNATURE DATE _____