



Division Use Only
Instructor No. _____

CERTIFICATION APPLICATION
COLORADO HUNTER EDUCATION INSTRUCTOR

PLEASE TYPE OR PRINT IN INK

Applicant's Name _____
First MI Last

Address _____
Street and/or PO Box

City County State Zip

Date of Birth _____ hm ()
wk () cell ()

Nick Name(s) _____ E-Mail Address _____

CO H.E. Card # _____ Date of Issue _____ **Please Note: (This is a mandatory Requirement; regardless of age. If the class was within the past 90 days, please include a copy of the front and back of your Hunter Education card.)**

Have you ever been convicted of any wildlife violations? Yes ___ No ___ If yes, which year? _____

What type of violation(s)? _____

Have you ever been convicted of any other crime (include misdemeanors, except for minor traffic offenses)?
Yes ___ No ___ If yes, what year and explain what type of violations(s) _____

Outline your hunting history: Species _ Years _____ Species _ Years

How did you become interested in applying to become a Hunter Education Instructor? _____

Have you ever been a Hunter Education instructor in another state? _____ Which state(s)? _____

Do you have teaching experience other than hunter education? Yes_____ No_____ If yes, please describe.

If appointed as a hunter education instructor, I will follow the course outlined by the Colorado Division of Wildlife. I will not knowingly certify any person who has not successfully completed the required hunter education course. I understand my instructor's card may be revoked and all materials returned to the Division of Wildlife for noncompliance or other actions unbecoming an instructor. I further declare under penalty of perjury that the above statements are true and accurate. I hereby authorize the Division of Wildlife to make additional inquiries to verify these statements, including a criminal background check.

Applicant's Signature

Date

(Please know that August-November and January-April are very busy times for the Hunter Education office. Processing of applications received during these periods may take longer than usual. We thank you, in advance, for your interest in the program!)

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Interviewer's Name _____

Please Print

Signature

Date

APPROVED _____

DISAPPROVED _____

Notes: _____

Supervising Master Designee: _____

Notes: _____

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Background check completed Approved ___ Disapproved ___

Done by

Date

Notes: _____

Please send application to: Division of Wildlife, Hunter Education, 6060 Broadway, Denver, CO 80216