



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



APPLICATION FOR VOLUNTEER INSTRUCTOR HUNTER EDUCATION PROGRAM

Name: _____
Last Name Full First Name Middle Initial

Mailing Address: _____
Street

City/Town State Zip Code

Daytime Phone: _____ Email: _____

Name to appear on nametag: _____

I have a previous NH Hunting license or Hunter 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 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

Unless otherwise specified, applications should be returned to:
 Via email: Joshua.Mackay@wildlife.nh.gov **or**
 Via mail: New Hampshire Fish and Game Department, C/O Hunter Education
 11 Hazen Drive, Concord, NH 03301



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 _____