

Hunter Education Instructor Application

Instructions

- Please complete this form in its entirety. Circle the answer where appropriate.
- **When complete, please mail form to: Hunter Education Program Manager, P.O. Box 957, Peterborough, Ontario K9J 7A5**

Last Name	First Name	Middle Initial(s)
Street Address, P.O. Box, R.R. #		
City, Town, Village		Postal Code
Home Telephone Number () ()	Business Telephone Number () ()	Fax Number () ()
Email Address:		
Date of Birth (YY/MM/DD) ____/____/____		Outdoors Card Number: 708158 _____
Languages Spoken / Fluent in: English French Other _____		
Are you a Conservation Officer or Deputy C.O.? Yes No Do you work for the M.N.R. ? Yes No Are you an Ontario Bowhunter Education Instructor ? Yes No		
Are you a CFSC Instructor? Yes No		
Are you a graduate of a Hunter Safety Course or Hunter Education Program? Yes No Year: _____		
Are you a Licensed Trapper? Yes No Are you a Trapper Instructor? Yes No # of years as a Trapper? _____ If yes License No. _____ If yes, Certificate No. _____		
I Hunt With: Archery Equipment Muzzle Loading Firearms Rifles Shotguns Other _____		
How many days per year do you spend hunting? _____ Total number of years hunting experience? _____ Species Hunted _____ Year _____ #Days _____ Species Hunted _____ Year _____ #Days _____ Species Hunted _____ Year _____ #Days _____ Species Hunted _____ Year _____ #Days _____		
Have you successfully completed the Ontario Wild Turkey Hunter Education Course? Yes No		
Have you ever been prohibited by order of the Court or by Condition of Probation from having a firearm in your possession or associating with people who own firearms? Yes No If yes, give particulars: _____		
Have you ever been found guilty or been convicted of a criminal offence for which you have not received a pardon? Yes No If yes give particulars: _____		

Have you ever been found guilty or been convicted of an offence under:

Any Provincial/ Territorial Game, Fish or Wildlife Acts	<i>Yes</i>	<i>No</i>	Canada Migratory Birds Convention Act 1994	<i>Yes</i>	<i>No</i>
Canada's Fisheries Act or Ontario Fishery Regulations	<i>Yes</i>	<i>No</i>	Ontario's Endangered Species Act ,2007	<i>Yes</i>	<i>No</i>
Provincial /Territorial Trapping Regulations	<i>Yes</i>	<i>No</i>			

If yes to any of the above, give particulars _____

Have you ever had your hunting privileges suspended? *Yes* *No*

If yes, give particulars _____

Have you ever been involved in a hunting incident resulting in an injury to yourself or another person? *Yes* *No*

If yes, give particulars:

List the names and dates of training courses received or attended in the last 5 years (include courses other than firearm related) add a separate sheet if required.

List the names and dates of courses or programs that you have taught/delivered (include courses other than firearm related).

Personal information contained on this form is collected under the authority of the Fish and Wildlife Conservation Act, and will be used for the purpose of licensing, identification, enforcement or administration. For questions related to collection, use or retention of this personal information, contact: The Hunting Program Administrator, Ministry of Natural Resources, 300 Water Street, Box 7000, Peterborough ON, K9J 8M5 (705) 755-2553

I hereby authorize the Ministry of Natural Resources to conduct any necessary searches with respect to myself for any unpardoned convictions deemed to be detrimental to the position of an Ontario Hunter Education Instructor. My signature below further indicates the information included on this application is true.

Print Name

Date

Signature