

STUDENT REGISTRATION FORM

OHIO DEPARTMENT OF NATURAL RESOURCES • DIVISION OF WILDLIFE



Customer ID: (if known) _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____

Postal Code: _____

Phone Number: _____

Email: _____

County: _____

Birth Date: (mm/dd/yyyy) _____ Last 4 digits of SSN: _____

Your voluntary completion of this section will help the Division of Wildlife in administering the statewide program to assure that equal opportunity is provided to individuals without regard to their race, color, national origin, or handicap.

Gender: _____ Race: _____

Does anyone in your family hunt/trap? No Yes

Are you taking the course so you can buy your first license? No Yes

Are you handicapped? No Yes

INSTRUCTOR USE ONLY

Completion Date: _____ Course Grade: _____



Ohio Department of Natural Resources

DIVISION OF WILDLIFE

Outdoor Education

2045 Morse Road, Bldg. G

Columbus OH 43229-6693

1-800-WILDLIFE • wildohio.com