



TRAPPER EDUCATION TRAINING INSTRUCTOR APPLICATION

By authority of 1994 PA 451, as amended, completion of this application is required, for consideration as an instructor.

INSTRUCTIONS: Print or type name exactly as it appears on your drivers license (must be 18 years of age or older to apply).

APPLICANT'S INFORMATION

Applicant's Name (Last, First, M.I.)		Last four digits of Social Security No.	Operator Drivers License Number	
Street Address		County of Residence	Date of Birth	Sex/Race
City	State	ZIP	Occupation	
Home Telephone () ()	Business Telephone () ()		E-Mail Address	

Are you currently certified and adding another program to your certification? YES NO if Yes, instructor number: _____

Do you have any disabilities? (this information is voluntary and will be used for statistical purposes only) YES NO

Provide teaching and/or special training experience. (attach copies of certificates)

Give two references who may have knowledge of your qualifications to become an Instructor.
1 _____
2 _____

Are you joining a team or club currently teaching Trapper Education? YES NO
If yes, list club or organization and lead instructor? _____

Give a brief explanation of your interest to become a Trapper Education Safety Instructor.

Have you ever been convicted?

of a Misdemeanor (including moving violation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
of a Felony	<input type="checkbox"/> YES	<input type="checkbox"/> NO
of a Conservation Violation	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If certified a uniform vest is issued – VEST SIZE _____

I hereby certify that the statements on this application are true. I understand certification can be denied by the Department of Natural Resources if information has been falsified or misleading. I authorize the Department of Natural Resource to conduct a background investigation prior to certification.

Signature of Applicant _____
Date

MENTOR'S INFORMATION

I hereby certify that this applicant has helped teach a Trapper Education Training course.

MENTOR _____ **Mentor's Instructor No.** _____
Printed Name *Signature of Certified Mentor*

(must be signed before submitting)

Submit this completed application to:

**TRAPPER EDUCATION PROGRAM
OFFICE OF COMMUNICATIONS
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30028
LANSING MI 48909**

For information or assistance:
Telephone: (517) 335-3417