


PLEASE PRINT				PLEASE PRINT					
CERTIFICATE NUMBER		CERTIFICATE DATE		CHIEF INSTRUCTOR NUMBER		COUNTY			
STUDENT USE	FIRST NAME (do not use nicknames)		MI INTL	LAST NAME		DATE OF BIRTH			
	MAILING ADDRESS					MONTH	DAY		
						YEAR		MALE <input type="checkbox"/>	AGE
	CITY		STATE	ZIP CODE		TELEPHONE			
FEMALE <input type="checkbox"/>		OPTIONAL INFORMATION. Please check any that apply: African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/> Disabled <input type="checkbox"/>							
CHIEF INSTRUCTOR SIGNATURE				COURSE COMPONENTS Pass      Fail		OVERALL PERFORMANCE PASS      FAIL      INCOMPLETE			
 <b>OREGON HUNTER EDUCATION STUDENT REGISTRATION</b>				KNOWLEDGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>			
				SKILL	<input type="checkbox"/>	<input type="checkbox"/>			
				<b>OREGON DEPARTMENT OF FISH AND WILDLIFE</b> <b>P.O. BOX 59</b> <b>PORTLAND, OR 97207</b>					