

Washington Department of Fish & Wildlife

Hunter Education Duplicate Certificate Application



I attest by my signature that I have successfully completed a hunter education course in Washington State and that I am eligible to apply for a duplicate hunter education certificate. I understand that any false statement on this application is a violation of law and that I may be prosecuted for perjury.

Signature: _____

Date: _____

Last Name/Maiden Name:		First Name:		MI:
Mailing Address:				
City:		State:	Zip Code	
Hunter Education Certificate Number: (if known)	Date of Birth: (REQUIRED)	Year Course Completed / Location:	Contact Phone Number:	

Payment method for the required **\$8.00 fee**:

Check, Cashier's Check, or Money Order (**Do not send cash**)

Make checks / MO payable to: WDFW – Hunter Education

Mailing Address: PO Box 43200, Olympia WA 98504-3200

Physical Address: Natural Resource Building 1111 Washington Street SE Olympia WA 98501

Hunter Education Phone Number: (360) 902-8111

<u>FOR FISCAL USE ONLY</u>	<input type="checkbox"/> Check	<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order
Check Number: _____	Name on Check: _____		