



Office Use Only

Cert #: _____

Cert Date: _____

Instructor: _____



NH Fish and Game Department
Hunter Education Program
11 Hazen Drive
Concord, NH 03301

To Whom It May Concern:

Please send me a duplicate Certificate of Completion Card for the course(s) checked below.

_____ **Hunter Education**

_____ **Bowhunter Education**

_____ **Trapper Education**

My information is as follows:

Name: _____

Date of Birth: _____

Address: _____

Phone No. _____

Thank you for your assistance.

Sincerely,