



REQUEST FOR REPLACEMENT



STATE OF HAWAII
Department of Land and Natural Resources
Hunter Education Program

Requesting replacement(s) of the following: (✓)

| | | | |
|---|--------|--------------------------------|--------|
| _____ Basic Hunter Education Certification* | \$5.00 | _____ Bowhunter Certification* | \$5.00 |
| _____ Letter of Exemption* | \$5.00 | _____ Bowhunter Patch | \$3.00 |
| _____ Basic Hunter Education Patch | \$3.00 | _____ Student Manual | \$8.00 |

**For name changes, attach copy of documentation (e.g., Marriage License/Divorce Decree)*

TYPE OR PRINT

Name: _____ Date of Birth: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: (____) _____

Amount Remitted: \$ _____
Signature _____ *Date* _____

PAYMENT: SEND CASH OR MONEY ORDER PAYABLE TO:

STATE OF HAWAI'I—DEPARTMENT. OF LAND & NATURAL RESOURCES

MAIL: (1) COMPLETED FORM
(2) PHOTOCOPY OF A VALID PICTURE ID
(3) PAYMENT

TO: HUNTER EDUCATION PROGRAM
Department of Land & Natural Resources
98-751 Kuahao Place, Suite 101
Pearl City, HI 96782

OFFICE USE ONLY:

Card No.: _____ Exemption No.: _____ Date Issued: _____

Location of Class: _____ Class Date: _____

Payment Received: Cash Check/No. _____ Amount: \$ _____ Processor's Initials: _____

APPROVED DISAPPROVED

COMMENTS:

Hunter Education Program Manager Date