



MARK WILLIAMS
COMMISSIONER

RUSTY GARRISON
DIRECTOR

HUNTER EDUCATION COURSE APPLICATION
To Schedule a Hunter Education Course Please Complete and
Submit This Form to the Hunter Development Program Office

Start Date: ____/____/____ Time: ____:____

End Date: ____/____/____ Time: ____:____

Student Minimum: _____

Student Maximum: _____ Live Firing Class: Yes/No

CHIEF INSTRUCTOR/CONTACT INFO:

GO Customer ID #: _____ Name: _____

Email: _____

Phone #: (____) ____ - _____ Mobile Phone #: (____) ____ - _____

ADDITIONAL INSTRUCTOR(S)/CID #:

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

GO Customer ID #: _____ Name: _____

LOCATION INFORMATION:

Location Name: _____

Address: _____

City: _____ Zip Code: _____

Comments:

Return to:
Wildlife Resources Division
Hunter Education Coordinator
2065 US Hwy 278 SE Social Circle, GA 30025
HS-temp1@dnr.ga.gov
Fax: 706-557-3042