Course Participant Information

Please fill out each field on the form as completely as possible. Thank you.

Your Name (First Middle Last, Suffix)	• First	Middle	* Last	Select a	an opt 🔻	
Gender	Select an option		,	,		
Country of Birth	Select an option		1	,		
Date of Birth	m					
* Email Address]		
Passport Country of Issue]		
Passport Number]		
Passport Expiration Date	m					
National ID Number						
Your Home Address & Telephone						
	Address 1			1		
	Address 2		7			
	City					
Province, State or County						
Country of Residence	Select an option		,	,		
Postal Code]		
Check box if Postal Code should appear before the city name						
Mobile Telephone Number]		
Telephone Country Calling Code	Select an option		,			

		Expires ##/##/20#
List a person who may be contacted in case of emergen	су	
	Contact's First Name Contact's Last Name	2
Emergency Contact Telephone Country Calling Code	Select an option	*
Emergency Contact Telephone Number		
Emergency contact receptoric number		
How many years of Law Enforcement Officer		
Experience do you have?		
English and Other Languages You Speak or	Read	
* Do you Speak English?	Select an option	*
* Do you Read English?	Select an option	*
Your Preferred Language (Read)	Select an option	*
Your Preferred Language (Spoken)	Select an option	
Tour Preferred Language (Spoken)	Select all option	*
Other Language (Read)	Select an option	*
Other Language (Spoken)	Select an option	*
Additional Languages Spoken or Read		
Your Education Level		
Highest Education	Select an option	*
The first Education	octect an option	

OMB Control No. 1018-#### Expires ##/##/20## Your Agency of Employment **Agency Name** Your Title/Rank Level in Agency Select an option... Agency Address 1 Agency Address 2 Agency City Agency Province, State or County Agency Country Select an option... **Agency Postal Code** Check box if Agency Postal Code should appear before the city name Your Supervisor's Information Supervisor's Name * Supervisor First * Supervisor Last **Supervisor Country** Select an option...

* Supervisor Email Address

NOTICES

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 4101, et seq., Government Organization and Employee Training; Endangered Species Act (18 U.S.C. 1531-1543); Lacey Act (18 U.S.C. 42-44).

Purpose: To coordinate and conduct training for FWS special agents, wildlife inspectors, and administrative staff, as well as for State, Tribal, and foreign individuals responsible for wildlife and habitat protection.

Routine Uses: The information collected on this form may be shared in accordance with the Privacy Act of 1974 and the routine uses listed in the Department of Interior System of Records Notices INTERIOR/FWS-20, Investigative Case Files 64 FR 29055 (May 28, 1999); modification published 73 FR 31877 (June 4, 2008) and INTERIOR/DOI-10, Incident Management, Analysis and Reporting System (June 3, 2014) 79 FR 31974, and INTERIOR/DOI-16, Learning Management System, 70 FR 58230 (October 5, 2005); modification published at 73 FR 8342 (February 13, 2008) available at https://www.doi.gov/privacy/doi-notices.

Disclosure: Furnishing this information is voluntary; however, failure to provide all requested information may prevent you from being able to enroll or attend training.

PAPERWORK REDUCTION ACT STATEMENT

In accordance with the Paperwork Reduction Act (44 U.S.C. 3501), the U.S. Fish and Wildlife Service collects information necessary to coordinate and conduct training for FWS special agents, wildlife inspectors, and administrative staff, as well as for State, Tribal, and foreign individuals responsible for wildlife and habitat protection, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. Information requested in this form is purely voluntary. However, submission of requested information is required in order to process applications for permits authorized under the above laws. Failure to provide all requested information may be sufficient cause for the U.S. Fish and Wildlife Service to deny the request. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned Control No. 1018-####.

ESTIMATED BURDEN STATEMENT

We estimate public reporting for this collection of information to average 5 minutes, including time for reviewing instructions, gathering and maintaining data and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of the form to the Service Information Clearance Officer, Fish and Wildlife Service, U.S. Department of the Interior, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at Info_Coll@fws.gov.