



Course Participant Information

OMB Control No. 1018-####
Expires ####/20##

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

| | | | | |
|---------------------------------------|--|---|----------------------|---|
| Your Name (First Middle Last, Suffix) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="Select an opt..."/> |
| | * First | Middle | * Last | Suffix |
| Gender | <input type="text" value="Select an option..."/> | | | |
| Country of Birth | <input type="text" value="Select an option..."/> | | | |
| Date of Birth | <input type="text"/> |  | | |
| * Email Address | <input type="text"/> | | | |
| Passport Country of Issue | <input type="text"/> | | | |
| Passport Number | <input type="text"/> | | | |
| Passport Expiration Date | <input type="text"/> |  | | |
| National ID Number | <input type="text"/> | | | |

| | |
|---|--|
| Your Home Address & Telephone | <input type="text"/> |
| Address 1 | <input type="text"/> |
| Address 2 | <input type="text"/> |
| City | <input type="text"/> |
| Province, State or County | <input type="text"/> |
| Country of Residence | <input type="text" value="Select an option..."/> |
| Postal Code | <input type="text"/> |
| Check box if Postal Code should appear before the city name | <input type="checkbox"/> |
| Mobile Telephone Number | <input type="text"/> |
| Telephone Country Calling Code | <input type="text" value="Select an option..."/> |

Your Emergency Contact Information

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List a person who may be contacted in case of emergency.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

* Contact's First Name

* Contact's Last Name

Emergency Contact Telephone Country Calling Code

Emergency Contact Telephone Number

How many years of Law Enforcement Officer
Experience do you have?

English and Other Languages You Speak or Read

* Do you Speak English?

* Do you Read English?

Your Preferred Language (Read)

Your Preferred Language (Spoken)

Other Language (Read)

Other Language (Spoken)

Additional Languages Spoken or Read

Your Education Level

Highest Education

Your Agency of Employment

Agency Name

Your Title/Rank

Level in Agency

Agency Address 1

Agency Address 2

Agency City

Agency Province, State or County

Agency Country

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

* 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 15 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.