



OPERATOR Information Sheet

Protected Species Safe Handling, Release, & Identification Workshops



**The following information will be used to generate your workshop certificate.
Falsification of any information may result in permit denials.**

Workshop Date: _____

Legal **Last** Name: _____

Legal **First** Name: _____

Birth Date (MM/DD/YYYY): _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

E-mail Address: _____

Home Phone Number: (_____)_____

Office Phone Number: (_____)_____

Cellular Phone Number: (_____)_____

Fax Number: (_____)_____
