

New Learner Account

Name of Course:

Course Code:

Date of Class:

Class Name:

*First Name:

*Last Name:

*E-Mail Address:

*Phone Number:

*Mailing Address 1:

*Mailing Address 2:

*City:

*State:

*Zip Code:

Agency / Bureau:

*State Contact Name:

Create new account only?

Add Learner to Class Indicated?

* = Required Field

**Please save and email your completed form in pdf format to Barbara Evans at
Barbara_Evans@fws.gov**