MASTER HUNTER PROOF OF SERVICE FORM

New Applicant requirement: Complete and document a minimum of 20 hours of voluntary service in approved project activities. Recertification requirement: Complete and document a minimum of 40 hours of voluntary service in approved project activities. All work must be performed on a voluntary basis. Do not begin any project activity(ies) until you are certain that the project work meets the Washington Department of Fish and Wildlife project criteria. Before you begin your project work, check our web site at: http://wdfw.wa.gov/hunting/masterhunter/conservation projects.html Please contact the Master Hunter Permit Program at (360) 902-8412 if you have any doubts about your planned project! has completed a total of ______ hours of voluntary service. First Name Last Name Project Date(s):_____ Project Location(s): Project Description: I am certifying by my signature below that the work has been completed. I understand that this voluntary work is done as part of the requirement for the Master Hunter Permit Program, of the Washington Department of Fish and Wildlife. Approving Name:_____/ ____Date:_____Date:_____ _____ Representing:_____ Title: Phone Number: _____ E-mail: ______ Address: MASTER HUNTER PROOF OF SERVICE FORM

New Applicant requirement: Complete and document a minimum of 20 hours of voluntary service in approved project activities. Recertification requirement: Complete and document a minimum of 40 hours of voluntary service in approved project activities. All work must be performed on a voluntary basis. Do not begin any project activity(ies) until you are certain that the project work meets the Washington Department of Fish and Wildlife project criteria. Before you begin your project work, check our web site at: http://wdfw.wa.gov/hunting/masterhunter/conservation_projects.html

Please contact the Master Hunter Permit Program at (360) 902-8412 if you have any doubts about your planned project!

		has completed a total of		hours of voluntary service.	
Last Name	First Name	M/I	Hours		
Project Date(s):					
Project Location(s):					
Project Description:					
			ed. I understand that this volur Department of Fish and Wildlife	ntary work is done as part of the	
Approving Name:		/	Dat	e:	
Title [.]	Signature	ture Print Name Representing:			
Phone Number:					
Address:					