

Minnesota Trapper Education Field Training Form

This is to certify that the student identified below has completed the In-Field Training component of the Minnesota Trapper Education Program Correspondence/ Online Option

Student's LEGAL Name		Last	First	Middle
Date of Birth (MM/DD/YY)	Gender	MDNR #	Telephone	
Complete Mailing Address (No. & Street, RFD, and/or PO Box No, City, State, Zip Code)				
Height (Feet/Inches)	Weight (lbs)	Eye Color	Signature	

Non-Certified Field Instructor Information

Please provide a brief summary of your trapping experience in Minnesota in the space provided below. Feel free to continue on back of form if necessary.

Instructor's LEGAL Name		Last	First	Middle
Date of Birth (MM/DD/YY)	Gender	MDNR #	Telephone or Email	
Complete Mailing Address (No. & Street, RFD, and/or PO Box No, City, State, Zip Code)				
Years licensed in MN?	Proof of current trapping organization affiliation and membership status			

Instructor's Trapping Experience in MN?

Instructor Signature
