

Instructor Number #
 assigned by Dept

Trapper Education Instructor Apprenticeship Application

Form 8500-161T (R 09/16)

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Important

- This application is the first step for anyone wishing to participate in the Wisconsin Cooperative Trapper Education Program (WCTEP) instructor apprenticeship program.
 - Applicants must be 18 years of age or older, be or become a graduate of the WCTEP program and must not have been convicted of a domestic violence violation or felony.
 - Completion of this form is authorized by NR 19.30 Wisconsin Administrative Code and is required for consideration.
 - Personally identifiable information on this form will be used during your character, background and criminal history checks, safety course notifications, and may also be available for compliance with Open Records Requests per State Statutes 19.31-39.
 - Completion and submittal of this application will initiate a complete character, background, and criminal history check in accordance with State Statutes 23.33(5) (b), 29.591, 30.74, and 350.05(2) and information obtained will be reviewed by Recreational Safety Wardens (RSW's) who are not at liberty to discuss their findings.
 - After completion send application to the WCTEP Department of Natural Resources (DNR) Statewide Coordinator (contact information on Page 2).
 - If approved, a candidate has 36 months to complete their certification requirements.
 - All volunteer instructors serve at the discretion of the DNR and the Wisconsin Trappers' Association (WTA).
 - Candidates will be notified of application status.
 - Candidates can obtain their own background check through a local law enforcement agency.
- Are you a graduate of the WCTEP course? Yes No
 Are you a member of the Wisconsin Trappers' Association? Yes No

Background

- Have you ever been arrested, charged or convicted of an act related to domestic violence, children or other crimes? Yes No

Background Check Release

I hereby empower the Department or its authorized representative bearing this release to obtain information and records pertaining to me from any or all of the following sources: Selective Service System, any current or previous employer, any school, college, university or other educational institution I may have attended and any law enforcement agencies (including criminal history record checks). I understand that this information is necessary for determining my eligibility and suitability for certification as a Department of Natural Resources Volunteer Safety Program Instructor. Therefore, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, because of compliance with this authorization or request to release information or any attempt to comply with it.

Date _____

Applicant's Signature _____

Sponsor's Name _____ Customer ID# _____ E-mail _____

Applicant Information

Applicant Name (PRINT full legal name)		Date of Birth		Gender
First	Last	MI	mm / dd / yyyy	<input type="radio"/> Male <input type="radio"/> Female

DNR Customer Identification Number	District
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Residence Address:	City	State	ZIP Code	County of residence
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PO Box Address (if applicable)	City	State	ZIP Code	E-mail
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Phone Number(s)		
Home:	Cell:	Work:

DNR USE ONLY

Local RSW Check <input type="checkbox"/> CCAP <input type="checkbox"/> DNR Citations <input type="checkbox"/> DOJ, CHRI & NCIC <input type="checkbox"/> DOT	If candidate is approved, local warden check will be completed after receiving the candidate's Instructor Training Record and Application Form 8500-162
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Yes - RSW approves candidate for apprenticeship No - RSW does not approve

_____/_____
 RSW Signature. *If approved by RSW this application expires 18 months from this date

1. Date application was received	_____
2. Date desktop background check was completed	_____
3. Applicant and sponsor notified (check all appropriate)	<input type="radio"/> e-mail <input type="radio"/> phone <input type="radio"/> letter

