



**EDUCATION CLASS ROSTER**

DNR Enforcement Safety Training  
 15011 Hwy 115, Little Falls MN 56345  
 Toll Free 1-800-366-8917

[enforcement.education@state.mn.us](mailto:enforcement.education@state.mn.us)

- |   |  |
|---|--|
| <input type="checkbox"/> Online Firearms Safety Youth Field Day       | <input type="checkbox"/> Snowmobile Safety Classroom |
| <input type="checkbox"/> Firearms Safety <u>Classroom</u> / Field Day | <input type="checkbox"/> Snowmobile Online Course    |
| <input type="checkbox"/> Firearms Adult Independent Study / Field Day | <input type="checkbox"/> ATV Safety Online Course    |

**Collect and Mail DNR Course Fee for:**

- Advanced Hunter Ed Seminar (\$15.00)\*
- M.B.E.P Course (\$5.00)\*
- Turkey Clinic (\$5.00)
- Bear Clinic (\$5.00)

**Total Amount Enclosed: \$**  
**Do not send Cash! Only Check or Money Order**

**DO NOT Collect a DNR Course Fee! Students Self-Pay DNR Fee on DNR web site for these classes.**

**INSTRUCTORS:**

- When completing the student roster (B) - You must **TYPE** student's **FULL LEGAL NAME**, including **FULL MIDDLE NAME**. **ALL DATA MUST BE COMPLETE AND LEGIBLE.** If there is no middle name or middle initial only, please indicate that next to the name.
- Instructor submits Student (B) and Instructor (A) Rosters** either by email to [enforcement.education@state.mn.us](mailto:enforcement.education@state.mn.us) or by mail in the envelope provided **within 5 days** of class completion. Safety certificates for the above asterisked (\*) courses will be mailed directly to the participants.
- Draw a **SINGLE LINE** through the name(s) of those individuals who do not qualify on roster B.
- If an additional fee is charged, please account for those fees below. Additional fees charged per student may be no more than the established DNR course fee.

|                 |                       |                        |                    |                      |                         |
|-----------------|-----------------------|------------------------|--------------------|----------------------|-------------------------|
| County & Number | Class Location (City) | No. Students Certified | Date Class Started | Date Class Completed | Sponsoring Organization |
|-----------------|-----------------------|------------------------|--------------------|----------------------|-------------------------|

*Check the box below if the instructor's mailing address has been changed*

| Instructor Name Last, First, Middle | ADDRESS (No. & Street, RFD, Box No.) | City | Zip | Instructor # |
|-------------------------------------|--------------------------------------|------|-----|--------------|
| 1. Principal Instructor             | <input type="checkbox"/>             |      |     |              |
| 2.                                  | <input type="checkbox"/>             |      |     |              |
| 3.                                  | <input type="checkbox"/>             |      |     |              |
| 4.                                  | <input type="checkbox"/>             |      |     |              |
| 5.                                  | <input type="checkbox"/>             |      |     |              |
| 6.                                  | <input type="checkbox"/>             |      |     |              |
| 7.                                  | <input type="checkbox"/>             |      |     |              |
| 8.                                  | <input type="checkbox"/>             |      |     |              |

|                                       |             |                                 |
|---------------------------------------|-------------|---------------------------------|
| <b>Principal Instructor Signature</b> | <b>Date</b> | <b>Additional fee used for:</b> |
|                                       |             |                                 |