

LEAVE BLANK – DNR USE ONLY	
Student # to	Date Issued

Don't use this space – label goes in this area

State of Wisconsin

Safety Course Roster and Remittance
Form 8500-065 (R 7/08) Page 1 of 2

**Mail Roster, Student Cards,
Check and/or Money Orders to:**
Dept. of Natural Resources
Bureau of Law Enforcement
PO Box 7921
Madison, WI 53707-7921

- | | |
|--|--|
| <input type="checkbox"/> H HUNTER (s. 29.591 Wis. Stats.) | <input type="checkbox"/> B BOATING (s. 30.74(1) Wis. Stats.) |
| <input type="checkbox"/> R BOWHUNTER (s. 29.591, Wis. Stats.) | <input type="checkbox"/> A ATV (s. 23.33(5)(b), Wis. Stats.) |
| <input type="checkbox"/> F Advanced RIFLE | <input type="checkbox"/> S SNOWMOBILE (s. 350.05(2), Wis. Stats.) |
| <input type="checkbox"/> G Advanced SHOTGUN | <input type="checkbox"/> M Advanced MUZZLELOADER |
| <input type="checkbox"/> I Hunter Ed CD/Internet | |

Notice: The Lead Instructor is required to complete this form to document instructors, students and payment of fees for safety courses, required under Sections 23.33, 30.74, and 350.05, Wis. Stats. Personally identifiable information collected may be used for participation in surveys, eligibility for approvals, law enforcement purposes and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Complete Student Information on the reverse accurately. Do not pass the roster around the class or share it with others.

Class Dates		Course Length hours	No. of Students	Class fees payable to DNR	
Start	End			Total fees Collected (\$10/Student)	(Minus) Instructor Expenses
				Total Fees Remitted to DNR (<i>must be at least 50% of the total fees collected</i>)	

<i>Complete for Hunter Education Course Only:</i>					
Shooting Facilities Available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shotgun Firing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rifle Firing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bow and Arrow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Instructors:

- Include name and instructor number of ALL instructors taking part in this course.
- COMPLETE ALL student information.
- Make a copy of this roster for your records.

County	Total Volunteer Instructor Hours Involved in Conducting This Course (Include Preparation) for all instructors involved
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Lead Instructor (type or print) (last name, first name, MI)	Lead Instructor Hours Volunteered	Instructor Number
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I certify these records to be true and accurate.

Lead Instructor Signature	Date Signed	Telephone Number (include area code)
Address	City, State, ZIP Code	

All Other Instructors (type or print). (Last Name, First Name, MI)	Hours Volunteered	Instructor Number	All Other Instructors (type or print). (Last Name, First Name, MI)	Hours Volunteered	Instructor Number
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		
Print/Type			Print/Type		
Sign			Sign		

Conservation Warden (type or print) Last Name	First Name	MI	Instructor Number
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Safety Course Supplemental Roster and Remittance

Form 8500-065 (R 7/08)

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Student Information (please type or print) Please use complete given names - do NOT use nicknames				Class Dates (mm/dd/yy) Start End		DNR Course ID
DNRCust. #	Last Name	First Name	MI	Complete Address		
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	Birthdate (mm/dd/yyyy)	Telephone Number (include area code)				

For Faster Service, Please Double Check Your Roster for Accuracy. Thanks!!