



# REQUEST FOR REPLACEMENT



STATE OF HAWAII  
Department of Land and Natural Resources  
Hunter Education Program

Requesting replacement(s) of the following: (✓)

_____ Basic Hunter Education Certification*	\$5.00	_____ Bowhunter Certification*	\$5.00
_____ Letter of Exemption*	\$5.00	_____ Bowhunter Patch	\$3.00
_____ Basic Hunter Education Patch	\$3.00	_____ Student Manual	\$8.00

*\*For name changes, attach copy of documentation (e.g., Marriage License/Divorce Decree)*

**TYPE OR PRINT**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Amount Remitted: \$ \_\_\_\_\_  
*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**PAYMENT:** SEND CASH OR CHECK PAYABLE TO:

STATE OF HAWAI'I—DEPARTMENT. OF LAND & NATURAL RESOURCES

**MAIL:** (1) COMPLETED FORM  
(2) PHOTOCOPY OF A VALID PICTURE ID  
(3) PAYMENT

**TO:** HUNTER EDUCATION PROGRAM  
Department of Land & Natural Resources  
1130 North Nimitz Highway, Suite A-212  
Honolulu, HI. 96817-4580

**OFFICE USE ONLY:**

Card No.: \_\_\_\_\_ Exemption No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Location of Class: \_\_\_\_\_ Class Date: \_\_\_\_\_

Payment Received:  Cash  Check/No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Processor's Initials: \_\_\_\_\_

APPROVED  DISAPPROVED

COMMENTS:

\_\_\_\_\_  
Hunter Education Program Manager Date