### Request for Replacement

**State of Hawaii**  
Department of Land and Natural Resources  
Hunter Education Program

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Hunter Education Certification*</td>
<td>$5.00</td>
</tr>
<tr>
<td>Bowhunter Certification*</td>
<td>$5.00</td>
</tr>
<tr>
<td>Letter of Exemption*</td>
<td>$5.00</td>
</tr>
<tr>
<td>Bowhunter Patch</td>
<td>$3.00</td>
</tr>
<tr>
<td>Basic Hunter Education Patch</td>
<td>$3.00</td>
</tr>
<tr>
<td>Student Manual</td>
<td>$8.00</td>
</tr>
</tbody>
</table>

*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

**PAYMENT:** SEND CASH OR MONEY ORDER 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  
98-751 Kuahao Place, Suite 101  
Pearl City, HI 96782

### 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

Rev. 02/2017