

**Department of Fish and Wildlife  
Wildlife Program  
Hunter Education Division  
600 Capitol Way N Olympia, Washington 98501-1091**

RESTRICTION ON USE / POSSESSION OF FIREARMS

Class Date: \_\_\_\_\_

Class Location: \_\_\_\_\_

I, \_\_\_\_\_, identify that I am legally prohibited from handling or using firearms.

The hunter education instructor team of the above-identified class have allowed me to participate in their class. I will not use firearms in this hunter education course. I understand that I will be required to demonstrate verbally each firearm action to a hunter education instructor since firearms rights can be restored. I understand that I may not hunt with any type of firearm unless my firearms possession rights are first restored in accordance with all federal and state laws.

My dated signature below will acknowledge this restriction as a matter of record.

\_\_\_\_\_  
Enrolled Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Hunter Education Instructor Signature

\_\_\_\_\_  
Instructor Number

