



Maine Department of Inland Fisheries and Wildlife
353 Water Street, 41 SHS, Augusta, ME 04333
Phone 207-287-8000 / Fax 207-287-9037

HUNTER SAFETY AFFIDAVIT

Instructions: Type or print clearly, completing all blanks down to the dotted line. Circle the number of the paragraph that applies to your situation and fill in the blanks within the paragraph. Date and sign the statement in the presence of a notary. The notary should complete the section below the double solid line. Couples, a statement must be completed by each party.

Name: _____

FIRST
LAST
MIDDLE

Mailing Address: _____

STREET / ROAD OR BOX #
CITY OR TOWN
STATE
ZIP CODE

Physical Address: _____

STREET / ROAD
CITY OR TOWN
STATE
ZIP CODE

Home Phone: _____ Business Phone: _____ Date of Birth: _____

 As the above-named individual, I duly swear to the following:

1. On _____ (approximate date) I successfully completed (please check the box below)
 Firearms Hunter Safety Course Archery Safety Course Trapper Safety Course
 Crossbow Safety Course, in the state of _____.
2. I have held at least one **adult firearms hunting license since January 1, 1976**. The license was issued by the state / province of _____ in the year of _____.
3. I have held at least one **adult archery license since January 1, 1980**. The license was issued by the state / province of _____ in the year of _____.
4. I have held at least one **adult trapping license since January 1, 1978**. The license was issued by the state / province of _____ in the year of _____.
5. I have held at least one **adult crossbow license since January 1, 1980**. The license was issued by the state / province of _____ in the year of _____.

I understand that the above information may be checked for accuracy. I also understand that falsely completed this affidavit may result in my prosecution for false swearing which is a Class D crime.

 Date: _____ Signature: _____

State of Maine, County of _____, SS.

Personally appeared before me the above named affiant who signed above in my presence, giving oath that the foregoing is true.

Date: _____ Notary / Attorney: _____