(Last name of applicant)



National Military Fish & Wildlife Association

Application for Certification Military Natural Resources Professional

Instructions: If submitting application via web-based application, be sure to include an electronic signature and complete all portions of the application to the best of your ability.

If submitting an application by mail, please type or use word processing to complete the form. Submit the original and three legible copies, along with the appropriate fee to the NMFWA Treasurer at the address indicated on the web site. Be sure to sign the original.

It is the applicant's responsibility to provide full documentation of previous professional certification, supplemental military-specific education and military-specific professional-level experience. Failure to provide complete documentation may limit your rights of appeal, if you are denied certification. Applications must be accompanied by one legible copy of any previous professional certification certificate. (Do not send originals; no copies will be returned.)

Part I: Applicant Contact Information.

Name:		
	(Last, First, MI)	
Date of Birth:		
	(MM/DD/YYYY)	
Home Address:		
	(Street or PO Box)	
	(City, State, Zip)	
Home e-mail:		
Personal Phone		
reisonari none	(Area Code) number	
If we have a quest	tion, may we contact you at	your home phone or e-mail? Y or N (circle one)
Name as you wou	uld prefer it on your certifi	cate:

Part II: Current Applicant Employment Information.		
Name of Employer:		
Office Address:		
Office e-mail:		
Office Phone:(Commercial only please)		
(Commercial only please)		
If we have a question, may we contact you at your office phone or e-	mail? Y or N (circle one)
Part III: Military Certification Information and History.		
Please indicate the certification for which you are now applying:	Initial	Re-certification
Associate Certified Military Natural Resources Professional:		
Certified Military Natural Resources Professional:		
Senior Certified Military Natural Resources Professional:		
Certified Military Natural Resources Professional Emeritus:		
Have you previously applied for Military Natural Resources Profession	ional Certificati	on? Y or N
If you were granted certification, please provide the date:		_
If you were denied certification, provide the date of application:		_

(Last name of applicant)

(Last	name	of ap	plicant)

Part IV: Professional Certification.

ne of the Professional Society or Orga	nization:
rel of Certification:	
st Recent Date of Certification or Re-c	certification:
piration Date (if any) of Current Certification	ication:
t V: Military Specific Natural Resourt additional pages as necessary.)	urces Training.
Γitle of Course or Training:	
1. Provider or Sponsor:	
2. Date of Training:	(month/year)
3. Duration of Training:4. Location of Training:	(contact hours)
4. Location of Training:5. Clarifying notes or details to ex resources management on military	
4. Location of Training:5. Clarifying notes or details to ex resources management on military	xplain how this training specifically relates to natural lands or in context with the military mission:
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	1. Provider or Sponsor:		
	2. Date of Training:3. Duration of Training:4. Location of Training:	(month/year) (contact hours)	
	5. Clarifying notes or details to explain resources management on military land		
. Ti	tle of Course or Training:		
	1. Provider or Sponsor:		
	2. Date of Training:	(month/year)	
	3. Duration of Training:	(contact hours)	
	4. Location of Training:		
	5. Clarifying notes or details to explain resources management on military land		
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(Copy this page for additional course or training information.)

(Last name of applicant)

Part VI: Experience.

(For this portion of the application, please list all relevant experience beginning with the most recent. Also, for positions that do not contribute to experience with natural resources on military lands, please list your position and dates of service. If you desire to list volunteer positions that contribute to your experience on military lands, you may do so. If experience dates overlap, please explain. If you require additional experience blocks, you may add as many pages as necessary.)

1.	Dates of Employment: Start date: End date: Present Total: (# months)
2.	Employer: (name of organization or agency)
3.	(name of organization or agency) Location: (installation or city)
4.	Position Title:
	Occupation:(if different from title)
6.	Series & Grade or Rank: (only if applicable)
7.	Description of duties with emphasis on any aspects that relate to natural resources anagement on military lands or in context of a military mission.
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1. 2.	Employer: (# months) (name of organization or agency)
1. 2.	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency)
 2. 3. 	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency)
 2. 3. 4. 	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency) Location: (installation or city) Position Title:
 1. 2. 3. 4. 5. 	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency) Location: (installation or city) Position Title: (if different from title) Series & Grade or Rank:
1. 2. 3. 4. 5. 6. 7.	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency) Location: (installation or city) Position Title: (if different from title)
1. 2. 3. 4. 5. 6. 7.	Dates of Employment: Start date: End date: Present Total: (# months) Employer: (name of organization or agency) Location: (installation or city) Position Title: (if different from title) Series & Grade or Rank: (only if applicable) Description of duties with emphasis on any aspects that relate to natural resources
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1. Dates of Employment	(mo/yr)			(# months
2. Employer:	(name of organiza	tion or agency)		_
	(installation			_
4. Position Title:				_
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 Dates of Employment Employer: Location: Position Title: Occupation: 	(mo/yr) (name of organiza (installation)	tion or agency)		
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(Copy this page for additional experience information.)

(Last name of applicant)

Part VII: Signature and Agreement.

I certify that the information I have provided above is accurate and complete to the best of my ability. I further acknowledge and commit to the following standards of ethical and professional conduct, as established by the National Military Fish and Wildlife Association.

- A. **Certified Military Natural Resources Professionals** shall conduct their activities in accordance with the highest standards of professional conduct and personal honor.
- B. Certified Military Natural Resources Professionals recognize that Department of Defense lands exist first and foremost to support the training, testing, and power projection needs of our armed forces, and there is great opportunity for conservation of natural resources on these lands in harmony with mission demands. They constantly strive to remove all natural resources encroachments on the mission while at the same time providing the highest degree of natural resources stewardship.
- C. Certified Military Natural Resources Professionals will not represent themselves as spokespersons for the National Military Fish and Wildlife Association without the expressed authorization of the President of the Association.
- D. Certified Military Natural Resources Professionals will cooperate with other military natural resources professionals whenever possible and appropriate to assure rapid interchange and dissemination of knowledge.
- E. **Certified Military Natural Resources Professionals** will not plagiarize in verbal or written communication, but will give full and proper credit to the works and ideas of others, and make every effort to avoid misrepresentation.
- F. **Certified Military Natural Resources Professionals** will not fabricate, falsify, or suppress results, deliberately misrepresent research findings, or otherwise commit scientific fraud.

Signature & Date:	