Certificate Application – Wings Over Alaska – Please Print Legibly

ME: Mrs/Ms Print name as you would like it to appear on certificate Print name as you would like it to appear on certificate	
Print name as you would like it to appear on MAILING ADDRESS:	
CITY:	ZIP CODE:
PHONE: (E-MAIL:	
Certificate level for which you are applying (select o	ne)
☐ Ptarmigan ☐ Gyrfalcon (50-124) ☐ (125-199)	☐ Eider ☐ Bluethroat (200-274) ☐ (275 +)
Number of bird species marked on your check	clist : (Double-check your count)
Would you like to receive the certificate(s) below the level for which you have applied?	Tes \square No \square Already Have (Only one of each certificate per person)
 1. Did you enter any bird observations on www.el 2. Which best describes how you see yourself as a birder? Casual (usually birds incidentally to other activities) Dedicated (often takes outings or trips for the primary purpose of birding) 	3. How do you best describe your birding skills? □ Beginner □ Intermediate □ Advanced □ Expert
4. How many years have you been birding?	_
	or □ just started for Wings Over Alaska program
6. How did you learn about the Wings Over Alask	• 0
7. Where do/did you do most of your Alaska birdi	ing: (name the community, park, reruge, route, etc.).
a.	C.
b.	d.
8. Within Alaska in the past 12 months have you. □ Participated in a noncommercial birding walk or □ Taken a commercial birding tour □ day tour □ □ Participated in a birding festival which?	outing (ranger, nature center, school, or volunteer-led)

Mail application package to: Wings Over Alaska, Alaska Department of Fish and Game PO Box 115526, Juneau, AK 99811-5526.

9. In the past 12 months, about how mucl	ch have you spent on birdwatching?
Bird food and feeders	\square \$0 \square \$50 \square \$100 \square \$250 \square \$500 \square
Bird books, tapes, programs, courses Optics (binoculars, scopes, etc.) Other Traveltransportation	$\square \$0 \square \$50 \square \$100 \square \$250 \square \$500 \square$
	\square \$0 \square \$100 \square \$250 \square \$500 \square \$1,000 \square
	$\square \$0 \square \$50 \square \$100 \square \$250 \square \$500 \square$
	\square \$0 \square \$100 \square \$250 \square \$500 \square \$1,000 \square
Travelmeals, lodging	\square \$0 \square \$100 \square \$250 \square \$500 \square \$1,000 \square
Traveltours	$\square \$0 \square \$100 \square \$250 \square \$500 \square \$1,000 \square \underline{\hspace{1cm}}$
10. Did/will you purchase an Alaska hunt	nting license this calendar year? □ No □ Yes
	have you taken to Alaska? □ Used to live in Alaska cent trip, how many days were you in Alaska?
	rimary objective on your most recent Alaska visit? Yes No
was onding a pri	mary objective on your most recent Alaska visit: Tes No
	please tell us are you? □ Female □ Male
☐ African-American ☐ Alaska Native ☐ A	Asian □ White □ Hispanic □ Other
By signing below, I state that all of the bi	oirds I have marked on my "Checklist of Alaska Birds" were observed
	on provided on this application is true and correct. In making this
application, I authorize the Alaska Departm informational, and other public purposes an	ment of Fish and Game to use this information for research, and to contact me for additional information.
,	Wings preferred, other is okay) is enclosed (lists will not be returned).
□ A <u>copy</u> of my Alaska Checklist (w	vings preferred, other is okay) is enclosed (usis will not be returned).
Applicant's Signature:	Date:
For applicants age 15 and youn □ Parent's or □ Teacher's Signs	nger nature:
All checklists submitted may be reviewed to been followed. Birders may be asked to rec	to ensure count totals are correct and the rules of the program have confirm listings of rare or unusual sightings. Certificates are awarded ation is subject to public disclosure. Data will be compiled without

personal identifiers.

Allow four to eight weeks for processing (longer for Bluethroat certificates).

Comments, suggestions, birding highlights are invited. Please use additional paper or e-mail to wingsoveralaska@fishgame.state.ak.us.