Certificate Application – *Wings* Over Alaska – Please Print Legibly

NAME: Mr/Mrs/Ms	YEAR of BIRTH:				
Print name as you would like it to appear on certi MAILING ADDRESS:					
СІТУ:	_ STATE: ZIP _ CODE:				
PHONE: () E-MAIL:					
Certificate level for which you are applying (select one)	,				
$\square Ptarmigan (50-124) \square Gyrfalcon (125-199)$	Eider \Box Bluethroat(200-274)(275 +)				
Number of bird species marked on your checklis	t: (Double-check your count)				
Would you like to receive the certificate(s) below the level for which you have applied? \Box Yes	□ No □ Already Have (Only one of each certificate per person)				
1. Did you enter any bird observations on www.eBir	d.org? □ Yes □ No				
 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?					
5. How many years have you kept a life list?	or \Box just started for Wings Over Alaska program				
6. How did you learn about the Wings Over Alaska	program?				
7. Where do/did you do most of your Alaska birding	? (name the community, park, refuge, route, etc.):				
a.	C.				
b.	d.				
8. Within Alaska in the past 12 months have you?	(Check all that apply)				
□ Participated in a noncommercial birding walk or ou	ting (ranger, nature center, school, or volunteer-led)				
\Box Taken a commercial birding tour \Box day tour or \Box multi-day tour					
□ Participated in a birding festival which?					

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 much have you spent on birdwatching?

Bird food and feeders	\Box \$0	\Box \$50 \Box \$100	□ \$250	□\$500 □]
Bird books, tapes, programs, courses	□\$0	\Box \$50 \Box \$100	□ \$250	□\$500 □]
Optics (binoculars, scopes, etc.)	\Box \$0	□ \$100 □ \$250	□ \$500	□\$1,000□]
Other	\Box \$0	\Box \$50 \Box \$100	□ \$250	□\$500 □]
Traveltransportation	\Box \$0	$\Box \$100 \Box \250	□ \$500	□\$1,000□]
Travelmeals, lodging	\Box \$0	□ \$100 □ \$250	□ \$500	□\$1,000□]
Traveltours	□ \$0	□ \$100 □ \$250	□ \$500	□\$1,000□]

10. Did/will you purchase an Alaska hunting license this calendar year? \Box No \Box Yes

11. Visitors to Alaska ► How many trips have you taken to Alaska?	Used to 1	ive in Ala	ska
On your most recent trip, how many days were you in Ala	uska?		
Was birding a primary objective on your most recent Alas	ska visit?	\Box Yes	🗆 No

12. To see who our p	orogram is reachi	ng, please	e tell us	are you?	Female	⊐ Male
□ African-American	□ Alaska Native	\Box Asian	\Box White	□ Hispanic	\Box Other	

By signing below, I state that all of the birds I have marked on my "Checklist of Alaska Birds" were observed and identified by myself and all information provided on this application is true and correct. In making this application, I authorize the Alaska Department of Fish and Game to use this information for research, informational, and other public purposes and to contact me for additional information.

□ A <u>copy</u> of my Alaska CHECKLIST (Wings preferred, other is okay) is enclosed (lists will not be returned).

Applicant's Signature:	Date:	

For applicants age 15 and younger □ Parent's or □ Teacher's Signature:

All checklists submitted may be reviewed to ensure count totals are correct and the rules of the program have been followed. Birders may be asked to reconfirm listings of rare or unusual sightings. Certificates are awarded at the discretion of the department. Information 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.

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