

Connecticut Nuisance Wildlife Control Operator (NWCO) Training Class Sign-up form

Including Instruction In:

Site Evaluation, Humane Capture, Handling & Transport, Euthanasia, Methods of Approved Lethal and Non-lethal Resolution of Nuisance Wildlife Problems and Techniques to Prevent Recurrence.

Presented by:

The Connecticut Nuisance Wildlife Control Operators Association, Inc.

Date: Friday, **March 16, 2012**

Place: Cabela's Retail store, 475 East Hartford Blvd. North, East Hartford, Ct 06118
860.290.6200 Click [HERE](#) for direction

Time: Door open at 8am, Class will be 8:30am to 5pm.

Cost: \$250.00 per person.

You must pre-register by completing and returning the attached form along with your payment to the CT NWCO ASSOC. by **March 6th, 2012. Refunds only w/48 hours notice.**

No other registrations will be accepted after this date and no walk-ins will be allowed. Only those persons whose registration and payment have been received by the CT NWCO Assoc. by the deadline will receive a CT NWCO Training study packet containing information necessary to prepare for the State NWCO licensing exam which is scheduled the following week on, **March 23rd, 2012, 1pm, at the CT DEP Wildlife Division, Sessions Woods WMA, 341 Milford St. (Rt.69), Burlington, CT 06013.**

This course is pre-requisite training and must be completed before taking the CT NWCO Exam!!

Mail Registration and Checks to CtNWCO Association, Inc:

CT NWCO Assoc., Inc., PO Box 515, East Granby, CT 06026

CtNWCO Association reserves the right to cancel if the minimum class size is not met or return your fees if the max size is achieved.

(Lunch is on your own)

This section must be filled out and returned with payment to the CT NWCO Assoc. to register for training class
Commercial NWCO License Applicants

Name:.....
Last First MI

Address:.....
Street

.....
City State Zip

Phone #: Home:..... Work:.....

Company Affiliation:.....

Email Address:.....

Municipal Employees Only-No Contractors

Non- Commercial License Applicants

(Exempt from Fee) (Please indicate one)

Full Time ACO

Part Time ACO

Police Officer

Other:.....

Municipality:.....

Address:.....

Phone #:..... Email Address:.....