



State of Iowa
 Department of Natural Resources
 Law Enforcement Bureau
 502 East 9th Street
 Des Moines IA 50319-0034

Apprentice # _____
 Certified Operator # _____
 Application Complete _____

SNOW GROOMER OPERATOR CERTIFICATION APPLICATION

Print or Type

NAME: _____
Last, First Middle

ADDRESS: _____ E-MAIL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ IS IT PERMISSIBLE TO CALL YOU AT WORK? Yes No

OCCUPATION: _____ COMPANY: _____

DATE OF BIRTH: _____ SEX: Male Female RACE: _____

SPONSORING CLUB: _____

DRIVERS LICENSE INFORMATION: State Issued: _____ Date Issued: _____

Drivers License Number _____ How long have you lived in Iowa? _____

Give two references who are knowledgeable of your qualifications to become a Certified Snow Groomer Operator:

NAME: _____ Relationship to Applicant: _____
Last, First Middle

HOME PHONE: _____ BUSINESS PHONE: _____ IS IT PERMISSIBLE TO CALL AT WORK? Yes No

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ Relationship to Applicant: _____
Last, First Middle

HOME PHONE: _____ BUSINESS PHONE: _____ IS IT PERMISSIBLE TO CALL AT WORK? Yes No

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Have you ever been convicted of a:

Felony: Yes No

Serious or Aggravated
 Misdemeanor: Yes No

Conservation Violation
 (fishing, hunting, trapping):
 Yes No

Any Crime of Domestic
 Violence Yes No

If yes, describe in full:

I understand certification is granted and may be revoked at the direction of the Department of Natural Resources and renewals made periodically as deemed necessary by the Department. I further authorize the Department to conduct a background investigation prior to such certification. Completion of this application does not guarantee certification.

 Signature

 Date

FOR DEPARTMENT USE ONLY

Personal interview comments: _____

References inquiries – who contacted & comments: _____

Date

_____	DCI check completed (attach network reply when record exists)	_____	initials
_____	DNR multiple offender check completed (attach record)	_____	initials
_____	Groomer Operator Training Attended		
_____	Administrative rules acknowledgement form signed		

Recommend Certification Yes No

Program Coordinator

Date