

## HFSS Course Application Data and Information Sheet

**Data required by the Privacy Act of 1974**

**Authority:** "Title 10 USC Section 3012 -", the German Weapon's Law, German Hunting Law, German Fishing Law, Agreement with German States on US Forces Hunter Education/Testing, Agreement with German States on US Forces Fishermen education/testing, NATO SOFA, and US-Germany SOFA Supplementary Agreement.

**Purpose(s):** For US Forces HFSS facilities to obtain required data for HFSS course registration and for resulting German test certificates for eligible members of the US Forces and the civilian component, and their dependents.

**Routine use(s):** To acquire information needed to register individuals in HFSS courses and for facilities to be able to generate required German test certificates.

**Mandatory or voluntary disclosure and effect on individuals not providing information:** Disclosure of information is voluntary; however, individuals not providing the information will not be able to participate in HFSS courses and to be issued a German test certificate.

**This data sheet must be submitted to the facility manager at the beginning of the course.**

All data elements/fields below must be filled out in the format required. The data is needed to generate the test certificates for the course you intend to take. These certificates are German government recognized documents and must be accurate.

**Test to be taken with this application** (one sheet is required for each test): **Course Fee:** \$ \_\_\_\_\_  
 Fishing Test     Sport Shooting Test     Range Master Test     Hunting Test     Other \_\_\_\_\_

**Location of Course:**     Wiesbaden     Stuttgart     Ansbach     Hohenfels     Grafenwoehr     Garmisch  
 Kaiserslautern     Baumholder     Spangdahlem     Geilenkirchen     Ramstein

**Course Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)    **Test Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)

**HFSS Membership Number:** \_\_\_\_\_ - \_\_\_\_\_ (required to take any courses or tests)

1 year     3 year     5 year     lifetime    **Effective Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)

**First Name:** \_\_\_\_\_    **Middle Initial:** \_\_\_\_\_    **Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_    **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)    **Rank/Grade:** \_\_\_\_\_

**City of Birth:** \_\_\_\_\_    **German Street Address:** \_\_\_\_\_

**State of Birth:** \_\_\_\_\_    **German City:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_    **German Zip Code:** \_\_\_\_\_

**Organization/Unit:** \_\_\_\_\_    **CMR/PSC:** \_\_\_\_\_

**Email:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

- Active Duty     Civilian     Contractor  
 Active Duty Family Member     Civilian Family Member     Contractor Family Member

I permit IMCOM-Europe G9, USAFE, and the pertinent Outdoor Recreation Facility to store and process the above data under observation of all pertinent PII and data protection laws/regulations. I further permit IMCOM-Europe G9 to generate the German Test Certificate using the above data.

I understand that I will not be permitted to attend the course sessions or final examination, if this data sheet is incomplete/illegible or not submitted on time.

Facility Manager: email this form encrypted to [usarmy.sembach.id-europe.list.g9-hfss@mail.mil](mailto:usarmy.sembach.id-europe.list.g9-hfss@mail.mil) prior to the 3<sup>rd</sup> classroom session or personally hand-over this form to the Program EA Office staff.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)    **Signature:** \_\_\_\_\_

**Score Sheet:**

**Hunting Test Written:** \_\_\_\_\_    **Hunting Test Shooting:** \_\_\_\_\_    **Hunting Test Oral:** \_\_\_\_\_

**Fishing Test:** \_\_\_\_\_    **Schützenmeister:** \_\_\_\_\_    **Sport Shooting:** \_\_\_\_\_    **Other:** \_\_\_\_\_

**FBI Check Submitted** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)    **FBI Check Completed** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MMM/YYYY)