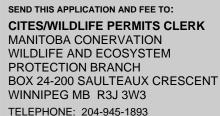


Manitoba	
Conconvotion	

Conservation

- Allow 14 working days for this application to be processed.
- A \$25.00 permit fee must accompany this application.
- This application will not be processed unless the required fee is attached.
- Your cheque or money order should be made payable to "The Minister of Finance."
- For information on this or any other permit contact the CITES/WILDLIFE PERMTS CLERK.

NAME OF APPLICANT (person or organization): ADDRESS: CITY OR TOWN: PROVINCE/STATE: POSTAL/ZIP CODE: NAME OF CONTACT PERSON: TELEPHONE NUMBER (home): TELEPHONE NUMBER (business): DATE(S) OF FIELD TRIAL: 20 20 то TYPE OF FIELD TRIAL (check all that apply): INVITATIONAL WATER/MARSH UPLAND OTHER (explain) OPEN BRIEFLY DESCRIBE HOW TRIAL WILL OPERATE: LOCATION OF FIELD TRIAL (if Crown land, place "X" in box after legal description - if insufficient space, attach list using same format): LEGAL LAND DESCRIPTION NAME OF LEGAL OCCUPANT (print) SIGNATURE OF LEGAL OCCUPANT



FAX NO.: 204-948-2756

NUMBER OF PARTICIPANTS (estimat	ted):	NUMBER OF DOGS PARTICIPATING (estimated):	NUMBER OF SPECTATORS (estimated):
SPECIES AND QUANTITY OF BIRDS T	O BE USED:	1	
ORIGIN OF BIRDS (record name, ac	ldress and gam	e bird farm licence number of producer or import pe	ermit number):
DESCRIBE HOW BIRDS WILL BE USED	D AND, IF BIRDS A	RE LIVE, INDICATE IF BIRDS ARE TO KILLED WITH FIREA	RMS AS PART OF THE TRIAL:
COMMENTS:			
to the person or organization nam	on provided in the	his application is accurate to the best of my knowled	dge and request that a field trial permit be issued
DATE SIGNED:		SIGNATURE OF APPLICANT:	
DISTRICT COMMENTS:		FOR DEPARTMENT USE ONLY	
	DATE:	OFFICER'S SIGNATURE:	
Yes No REGIONAL WILDLIFE MANAGER COM	MENTS:		
RECOMMENDED:	DATE:	MANAGER'S SIGNATURE:	
Yes No REGIONAL DIRECTOR COMMENTS:			
REGIONAL DIRECTOR CONIVIENTS.			
RECOMMENDED:	DATE:	DIRECTOR'S SIGNATURE:	
Yes No			
RM REVISED: SEPT/06 REV. COD	DE: 5-10-3		