

- 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 PERMITS CLERK.

SEND THIS APPLICATION AND FEE TO:  
**CITES/WILDLIFE PERMITS CLERK**  
 MANITOBA CONSERVATION  
 WILDLIFE AND ECOSYSTEM  
 PROTECTION BRANCH  
 BOX 24-200 SAULTEAUX CRESCENT  
 WINNIPEG MB R3J 3W3  
 TELEPHONE: 204-945-1893  
 FAX NO.: 204-948-2756

|  |                                |                              |
|--|--------------------------------|------------------------------|
| 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:<br><br><div style="text-align: center;"> <span style="margin-right: 100px;">20</span> <span>TO</span> <span style="margin-left: 100px;">20</span> </div>   |                                |                              |
| TYPE OF FIELD TRIAL (check all that apply):<br>OPEN <input type="checkbox"/> INVITATIONAL <input type="checkbox"/> WATER/MARSH <input type="checkbox"/> UPLAND <input type="checkbox"/> OTHER <input type="checkbox"/> (explain) |                                |                              |
| 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  |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |
| <input type="checkbox"/>   |                                |                              |

|   |   |   |
|---|---|---|
| NUMBER OF PARTICIPANTS (estimated):   | NUMBER OF DOGS PARTICIPATING (estimated): | NUMBER OF SPECTATORS (estimated):                           |
| SPECIES AND QUANTITY OF BIRDS TO BE USED:   |   | DEAD <input type="checkbox"/> LIVE <input type="checkbox"/> |
| ORIGIN OF BIRDS (record name, address and game bird farm licence number of producer or import permit number):               |   |   |
| DESCRIBE HOW BIRDS WILL BE USED AND, IF BIRDS ARE LIVE, INDICATE IF BIRDS ARE TO KILLED WITH FIREARMS AS PART OF THE TRIAL: |   |   |
| COMMENTS:   |   |   |

I hereby certify that the information provided in this application is accurate to the best of my knowledge and request that a field trial permit be issued to the person or organization named herein.

DATE SIGNED:

SIGNATURE OF APPLICANT:

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**FOR DEPARTMENT USE ONLY**

DISTRICT COMMENTS:

RECOMMENDED:

DATE:

OFFICER'S SIGNATURE:

Yes  No

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REGIONAL WILDLIFE MANAGER COMMENTS:

RECOMMENDED:

DATE:

MANAGER'S SIGNATURE:

Yes  No

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REGIONAL DIRECTOR COMMENTS:

RECOMMENDED:

DATE:

DIRECTOR'S SIGNATURE:

Yes  No