

APPLICATION FOR FIELD TRIAL PERMIT

A \$25.00 permit fee must accompany this application.

- Allow 14 working days for this application to be processed.
- 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 WILDLIFE PERMTS CLERK.

SEND THIS APPLICATION AND FEE TO: **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: | | | |
| | 20 то | 20 | |
| TYPE OF FIELD TRIAL (check all that apply): | | | |
| OPEN INVITATIONAL WATER/MARSH UPLAND OTHER (explain) | | | |
| BRIEFLY DESCRIBE HOW TRIAL WILL OPERATE: | | | |
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| 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 | |
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| NUMBER OF PARTICIPANTS (estimated): | NUMBER OF DOGS PARTICIPATING (estimated): | NUMBER OF SPECTATORS (estimated): | |
|--|---|-----------------------------------|--|
| SPECIES AND QUANTITY OF BIRDS TO BE USED: | | DEAD LIVE | |
| ORIGIN OF BIRDS (record name, address and game bird farm licence number of producer or import permit number): | | | |
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| DESCRIBE HOW BIRDS WILL BE USED AND, IF BIRDS ARE LIVE, INDICATE IF BIRDS ARE TO KILLED WITH FIREARMS AS PART OF THE TRIAL: | | | |
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| COMMENTS: | | | |
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| 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: | | | |
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| RECOMMENDED: DATE: | OFFICER'S SIGNATURE: | | |
| Yes No REGIONAL WILDLIFE MANAGER COMMENTS: | | | |
| REGIONAL WILDLIFE MANAGER COMMENTS. | | | |
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| RECOMMENDED: DATE: | MANAGER'S SIGNATURE: | | |
| Yes No No | | | |
| REGIONAL DIRECTOR COMMENTS: | | | |
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| RECOMMENDED: DATE: | DIRECTOR'S SIGNATURE: | | |
| Yes No No | | | |