

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:

FOR DEPARTMENT USE ONLY

DISTRICT COMMENTS:

RECOMMENDED:

DATE:

OFFICER'S SIGNATURE:

Yes No

REGIONAL WILDLIFE MANAGER COMMENTS:

RECOMMENDED:

DATE:

MANAGER'S SIGNATURE:

Yes No

REGIONAL DIRECTOR COMMENTS:

RECOMMENDED:

DATE:

DIRECTOR'S SIGNATURE:

Yes No