

- Allow for a minimum of 14 working days for the processing of this application.
- If you are applying for a permit for personal use there is a fee required and must accompany this application.
- Your cheque or money order should be made payable to "The Minister of Finance."
- For a Division 6 species of animal (i.e. hawks, owls) the fee is \$20.00
- For all other species of animals the fee is \$10.00.
- Permits for educational, scientific or ceremonial uses do not require the payment of a fee.
- For information on this or any other permit contact the WILDLIFE PERMITS 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

LIST THE ANIMAL THIS PERMIT IS REQUIRED FOR:

**OR PERSONALLY TAKE IT TO ANY MANITOBA
 CONSERVATION DISTRICT OFFICE WHERE A
 NATURAL RESOURCE OFFICER IS LOCATED**

PART A: PARTICULARS ON APPLICANT AND ORIGIN OF SPECIMEN (print clearly):

| | | | |
|---|----------------|-------------------------|------------------------|
| NAME OF APPLICANT: | | FOUND BY (name): | |
| ADDRESS: | | | |
| CITY OR TOWN: | PROVINCE/STATE | POSTAL/ZIP CODE: | TELEPHONE NUMBER(S) |
| | | | (residence) (business) |
| DATE FOUND: | TIME FOUND: | LOCATION FOUND: | |
| KNOWN/SUSPECTED CAUSE OF DEATH (check one): | | | |
| <input type="checkbox"/> ROADKILL <input type="checkbox"/> BUILDING/WINDOW STRIKE <input type="checkbox"/> ELECTROCUTION <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> SHOT <input type="checkbox"/> POISON <input type="checkbox"/> TRAP/SNARE <input type="checkbox"/> OTHER (specify): _____ | | | |
| INTENDED USE (check one): | | | |
| <input type="checkbox"/> PERSONAL <input type="checkbox"/> SCIENTIFIC <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> CEREMONIAL/RELIGIOUS <input type="checkbox"/> OTHER (specify): _____ | | | |
| I hereby certify that the information provided in this application is true to the best of my knowledge and request that a permit to possess a dead wild animal be issued to me. | | | |
| DATE SIGNED: | | SIGNATURE OF APPLICANT: | |

PART B: TO BE COMPLETED BY A NATURAL RESOURCE OFFICER (check one):

| | |
|--|--------------------|
| <input type="checkbox"/> I have examined the above specimen(s) and recommend that a permit be issued. The specimen is being held pending reply from the Director of Wildlife. | |
| OR | |
| <input type="checkbox"/> I have examined the above specimen(s) and recommend that a permit not be issued for the following reason(s). The specimen has been seized pending direction from the Director of Wildlife for disposal. | |
| <input type="checkbox"/> SHOT <input type="checkbox"/> TRAPPED <input type="checkbox"/> SNARED <input type="checkbox"/> POISONED <input type="checkbox"/> INELIGIBLE SPECIES <input type="checkbox"/> NON-RESIDENT APPLICANT <input type="checkbox"/> SPECIMEN ORIGINATED FROM OUTSIDE MANITOBA <input type="checkbox"/> OTHER (specify): _____ | |
| COMMENTS: | |
| NAME OF NRO (print): | DISTRICT (print): |
| SIGNATURE OF NRO: | OFFICE TELEPHONE : |