



APPLICATION FOR DEAD WILD ANIMAL POSSESSION PERMIT
(FOR MIGRATORY BIRD – CONTACT CANADIAN WILDLIFE SERVICE ENFORCEMENT COORDINATOR)

- Allow for a minimum of **28 working days** for the processing of this application.
- If applicable, the fee must accompany this application.
- Your cheque or money order should be made payable to "The Minister of Finance."
- For a Division 6 (Protected) species (i.e. hawks, owls, etc.), the fee is \$20.00
- For all other species of wild animals, the fee is \$10.00.
- Permits for Indigenous ceremonial uses do not require the payment of a fee.
- For information on this or any other permit contact the WILDLIFE PERMITS CLERK at 431-276-8352.

2023- NEW ADDRESS!

SEND COMPLETE APPLICATION AND FEE TO:
The Cashier
Natural Resources and Northern
Development
Room 118 – 1181 Portage Ave
Winnipeg MB R3G 0T3

LIST THE ANIMAL(S) THIS PERMIT IS REQUIRED FOR:

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

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

NAME OF APPLICANT:		FOUND BY (name):	
ADDRESS:			
CITY OR TOWN:	PROV.:	POSTAL CODE:	PHONE # AND EMAIL:
DATE FOUND/REC'D:		TIME FOUND/REC'D:	LOCATION FOUND/REC'D:
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. Use additional paper if necessary): _____			
INTENDED USE (check one): <input type="checkbox"/> PERSONAL <input type="checkbox"/> SCIENTIFIC <input type="checkbox"/> EDUCATIONAL <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 the dead wild animal be issued to me. DATE SIGNED: _____ SIGNATURE OF APPLICANT: _____			

PART B: TO BE COMPLETED BY A CONSERVATION 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 assessment by Wildlife Branch.	
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 Branch 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 PROV. <input type="checkbox"/> OTHER (specify): _____	
COMMENTS:	
NAME OF OFFICER(print):	DISTRICT (print):
OFFICER SIGNATURE:	TELEPHONE :

Cashier Validation Box: