



**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

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

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

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**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"/> OTHER (Specify. Use additional paper if necessary):	<input type="checkbox"/> SHOT	<input type="checkbox"/> POISON	<input type="checkbox"/> TRAP/SNARE
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.	
<b>OR</b>	
<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:	Cashier Validation Box:
NAME OF OFFICER(print):	DISTRICT (print):
OFFICER SIGNATURE:	TELEPHONE :