

- Allow 28 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."
- There are two pages to this application. Please ensure both pages are submitted with your application.
- For information on this or any other permit contact the WILDLIFE PERMITS CLERK at 204-945-1893.

SEND THIS APPLICATION AND FEE TO:
THE CASHIER
 MANITOBA SUSTAINABLE
 DEVELOPMENT
 BOX 42-200 SAULTEAUX CRESCENT
 WINNIPEG MB R3J 3W3

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: <div style="text-align: center;"> 20 TO 20 </div>		
TYPE OF FIELD TRIAL (check all that apply): OPEN <input type="checkbox"/> INVITATIONAL <input type="checkbox"/> WATER/MARSH <input type="checkbox"/> UPLAND <input type="checkbox"/> OTHER <input type="checkbox"/> (explain)		
BRIEFLY DESCRIBE HOW TRIAL WILL OPERATE:		Cashier Validation Box <i>(for office use only)</i>
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
<input type="checkbox"/>		

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