



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

Conservation

- Allow for a minimum of 28 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 at 204-945-1893

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

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 the 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:	Cashier Validation Box:
NAME OF NRO (print):	
DISTRICT (print):	
SIGNATURE OF NRO:	OFFICE TELEPHONE :