

APPLICATION FOR WILDLIFE MANAGEMENT AREA USE PERMIT

- Allow 14 working days for this application to be processed.
- For information on this or any other permit contact the WILDLIFE PERMITS CLERK.

SEND THIS APPLICATION 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

MANITOBA CONSERVATION REGION (CHECK APPLICABLE BOX(ES))

NORTHEAST NORTHWEST WESTERN INTERLAKE EASTERN

Wildlife Management Area (include unit name if applicable)

Legal Description (if applicable):

OR PERSONALLY TAKE IT TO THE MANITOBA CONSERVATION DISTRICT OR REGIONAL OFFICE LOCATED NEAREST TO THE WILDLIFE MANAGEMENT AREA NAMED IN THIS APPLICATION

IS THIS A (Check one)
 - NEW APPLICATION **OR** - PERMIT RENEWAL

For a renewal give the previous or last held Permit number.

NAME OF APPLICANT:		NAME OF CONTACT PERSON (IF DIFFERENT FROM APPLICANT)	
ADDRESS:		TELEPHONE NUMBER:	E-MAIL ADDRESS:
CITY/TOWN:	PROV./STATE		POSTAL/ZIP CODE:

REQUESTED USE(S): GIVE DETAILS

COMMERCIAL

NON-COMMERCIAL

SPECIAL EVENT

I hereby certify that the information provided in this application is accurate.

SIGNATURE OF APPLICANT: _____ DATE SIGNED: _____

FOR DEPARTMENT USE ONLY

Regional comments/conditions (list any additional conditions to be attached to permit):

RECOMMENDED: DATE: REGIONAL WILDLIFE MANAGER SIGNATURE: WILDLIFE MANAGER'S NAME (PRINT)

YES - NO -

Branch comments/conditions:

RECOMMENDED: DATE: WILDLIFE LANDS MANAGER SIGNATURE: WILDLIFE LANDS MANAGER'S NAME (PRINT)

YES - NO -