



APPLICATION FOR FIELD TRIAL PERMIT

State Form 27022 (R10 / 2-17)
Approved by State Board of Accounts, 2017

FEE: \$10.00 per trial/event (IC 14-22-24-2)

DEPARTMENT OF NATURAL RESOURCES

Attn: Commercial License Clerk
Division of Fish and Wildlife
402 W. Washington St., Rm W273
Indianapolis, IN 46204-2781
Telephone: (317) 232-4102
Fax: (317) 232-8150
www.in.gov/dnr/fishwild/

INSTRUCTIONS:

1. Please type or print information.
2. Be sure to read all regulations.
3. All sections must be complete before submitting.
4. The application and payment for a Field Trial Permit must be received by the Department of Natural Resources at least **ten (10) business days prior** to the Field Trial/Hunt Test.

Name of Individual in Charge _____ Today's Date _____
(first name, middle initial, last name) *(month, day, year)*

Name of Organization _____

Event Title *(ie: Championship, Super Slam, Little Pack, etc.)* _____

Sanctioning Authority *(name of national or regional association)* _____

Address of Individual in Charge *(number and street or rural route)* _____

City _____ State _____ ZIP Code _____

County _____ Telephone Number _____

E-Mail Address _____

Please check one: Bird Dog Retriever Versatile Dog Beagle Feist Coonhound Other _____

Type of Trial/Hunt: Shoot to Retrieve Non-kill Trial

Will any part of the field trial be on a DNR property? Yes No

If yes, name the property *(List all properties if more than one)*: _____

Please indicate the species of animal *(check all that apply)*:

Quail Pheasant Chuker Mallard Raccoon Squirrel Rabbit Other _____

Will you be releasing any animals (includes birds) to conduct this field trial? Yes No

If yes, list the species: _____

Date(s) of Field Trial *(month, day, year)*: _____

Location *(City and State)* of Headquarters: _____

Counties where trial will be held *(List all counties involved. Additional counties may be listed on reverse side of application.)*: _____

NOTE: It is unlawful for any person to fish, hunt, trap, chase or shoot with any kind of firearms upon any privately owned land without first securing the consent of the owner or tenant thereof (IC 14-22-10-1).

Please return the completed application and cash or check / money order in the amount of \$10.00 made payable to the Indiana DNR. Under the penalties of perjury (IC 35-44.1-2-1), I affirm the information supplied by me is true and correct.

Signature of Individual in Charge: _____ **Date (month, day, year):** _____

FOR OFFICE USE ONLY

Date Received *(month, day, year)*: _____ Issue Date *(month, day, year)*: _____

Payment type: Cash Check Money Order Check/Money Order Number *(if applicable)*: _____

Approved: Yes No Permit Number: _____ Comments: _____