APPLICATION FOR FIELD TRIAL PERMIT

State Form 27022 (R9 / 4-14)
Approved by State Board of Accounts, 2014

FEE: $10.00

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

INSTRUCTIONS:
1. *Please type or print information.*
2. *Be sure to read all regulations.*
3. *All sections must be complete before submitting.*
4. *Applications for Field Trials must be received by the Department of Natural Resources at least* ***ten (10) days prior*** *to the Field Trial/Hunt.*

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

Name of Organization _____

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 check / money order in the amount of $10.00 made payable to the Indiana DNR .
Under the penalties of perjury (IC 35-44-2-1), 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)*: _____ Check Number: _____ Approved: ❑ Yes ❑ No

Issue Date *(month, day, year)*: _____ License Number: _____ Comments: _____