Fl Sta Ap	PPLICATION FOR INDIANA IELD TRIAL PERMIT the Form 27022 (R11 / 6-22) proved by State Board of Accounts, 2022 EE: \$20.00 per trial/event		INDIANA DEPT OF NATURAL RESOURCES DIVISION OF FISH AND WILDLIFE ATTN: COMMERCIAL LICENSES 402 W. Washington St., Rm W273 Indianapolis, IN 46204-2781 Phone: (317) 232-4102 Fax: (317) 232-8150 www.wildlife.IN.gov
	int information.	of Natural Resources at least <u>ten (10</u>)) business days prior to the Field Trial/Hunt.
Name of Indivi	dual in Charge		Today's Date
Name of Organ	(first name, middle initial,	, last name)	(month, day, year)
City		State	ZIP Code
E-Mail Addres	s		
	ne: □ Bird Dog □ Coonhound □ ` Iunt: □ Shoot to Retrieve □ Non] Feist 🗌 Retriever 🗌 Other
Date(s) of Field	d Trial (month, day, year):		
• •	f the field trial be on a DNR propert ne the property (<i>List all properties i</i>	-	
	the species of animal (<i>check all tha</i> Pheasant		Rabbit Other
•	easing any animals (includes birds) the species:		□ Yes □ No
Counties where	e trial will be held (List all counties in	wolved. 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 firearm upon any privately owned land without first having the consent of the owner or tenant of the land (IC 14-22-10-1).

Please submit the completed application and payment in the amount of \$20.00 for each trial made payable to the Indiana DNR. Under the penalties of perjury (IC 35-44-2-1), I certify the information supplied by me is true and correct to the best of my knowledge.

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):	Permit Number:	Initials:				