

## MS Department of Wildlife, Fisheries, & Parks

North Regional Office
P.O. Box 100
Enid, MS 38927
(662) 563-6222 Phone (662) 563-6224 Fax

## FIELD TRIAL PERMIT APPLICATION

Name:	DOB:		<del>-</del>
Home/Cell Phone:	E-Mail:		;
Address:Street	City	State	Zip
Driver's License #/State:	Social Security #:		
Club or Group:			
Date(s) of Trial:			<del></del> -
Types of Trial: UKC AKC ACHA	NFHASFSB		
Headquarters/Meeting Place:			
Location:			
County or Counties Involved in Field Trial:			
Wildlife Management Areas Involved:			
No taking of game or fur bearing animals shall be molested.	e permitted and no other	animals are to b	e taken or
This permit <u>does not</u> sanction or authorize "Coon-On-Log" events or special events.			
Please attach a check or money order in the amount of \$17.29. If you are requesting more than one hunt, send an additional \$17.29 for each hunt.			
APPLICATIONS MUST BE RECEIVED IN THE REGIO TRIAL DATE.	NAL OFFICE AT LEAST (5)	DAYS PRIOR TO	THE FIELD
Signature of Applicant	<del></del>	Date	