

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:			
Home/Cell Phone:	E-Mail:				
Address:					
Street		City	State	Zip	
Driver's License #/State:	Social	Security #:			
Club or Group:					
Date(s) of Trial:					
Types of Trial: UKC AKC ACH	IA NFHA	SFSB			
Headquarters/Meeting Place:					
Location:					
County or Counties Involved in Field Trial:					
Wildlife Management Areas Involved:					
No taking of game or fur bearing animals sl molested.	hall be permitte	d and no other	animals are to b	e taken or	
This permit <u>does not</u> sanction or authorize	"Coon-On-Log"	events or speci	al events.		
Please attach a check or money order in the	e amount of \$18	8.49. If you are	requesting more	than one	
hunt, send an additional \$18.49 for each hu					
APPLICATIONS MUST BE RECEIVED IN THE F TRIAL DATE.	REGIONAL OFFIC	CE AT LEAST (5)	DAYS PRIOR TO	THE FIELD	
Signature of Applicant			Date		