Shooting Preserve License

Initial Report

*APPLICANT INFORMATION name / date of birth

For more information on this license visit www.dec.ny.gov/permits/25025.html

address	Last	First		M.I.	DOB (mm/dd/yyyy)
	Street Address	Apartment/Unit	City		
email / telephone	County		State (Zip Code
club name / shooting preserve license number	Email		Teleph	one	
*TOTAL NUMBER OF SEPTEMBER 1 OF TH	Club Name (if applicable) F ALL SPECIES OF DOMESTIC GAME BIRD IF CURRENT YEAR	S HELD UNDER YOUR			ERVE LICENSE ON
	c Game Birds under your Shooting Preserve License	e on September 1 Check He	ere 🗌)		
Ring Necked Pheasant	ts	Other (Indicate Specie	es)		
Number Hel	d as of 9/1	Number Hel	d as of 9/1		
Bobwhite Quail		Other (Indicate Species)			
Number Held as of 9/1		Number Hel	Number Held As of 9/1		
Mallard Duck		Other (Indicate Species)			
Number Held as of 9/1		Number Held as of 9/1			
Canada Goose		Other (Indicate Species)			
Number Held as of 9/1		Number Held as of 9/1			
Gray Partridge		Other (Indicate Species)			
Number Held as of 9/1		Number Held as of 9/1			
Chukars		Other (Indicate Species)			
Number Hel	d as of 9/1	Number Hel	d as of 9/1		
*NOTICE: Pursuant to EQ York State Penal Law.	CL Section 3-0301(2)(Q), false statements made on	this application are punish	able in accor	dance to S	Section 210.45 of the New
Applicant's Signature				Date	
MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO: NYS Department of Environmental Conservation Special Licenses Unit · 5th Floor 625 Broadway, Albany, New York 12233				ne: (518) 4 Emai	or concerns, please contact us 02-8985 · Fax: (518) 402-8925 I: <u>SpecialLicenses@dec.ny.gov</u> osite: www.dec.ny.gov/63.html

DO NOT RETURN THIS FORM UNTIL AFTER SEPTEMBER 1 OF THE CURRENT YEAR.