

# NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

## Division of Lands and Forests, Region 9

West Almond Sub-Office  
2524 County Route 2A, Almond, NY 14804  
(585) 466-3241  
[www.dec.ny.gov](http://www.dec.ny.gov)

### 2020 DMAP Tag Application for Bully Hill State Forest

**Applications will be accepted by mail or email until 3:00 PM, Friday September 18<sup>th</sup>, 2020.** Applications received after this date may be considered only if there are remaining tags. Submitting this application will enter your name in a random draw for a limited number of DMAP tags for use on Bully Hill State Forest. This permit will help DEC Foresters better control high deer browse pressures on this forest.

#### Participation in this program is a privilege and subject to the following rules and procedures:

- All hunters utilizing DMAP tags must also possess a valid big game license and appropriate hunting privileges for the season in which the tags are being used. All laws and regulations pertaining to season dates, hunting hours, tagging requirements, transportation and possession remain in effect.
- Awarded tags will be mailed to the mailing address listed on your application **prior to October 1st.**
- One tag may be issued per licensed hunter, if available. Once filled, the hunter may apply for a limited number of second tags, on a first come first served basis.
- **Tags are only valid for antlerless deer harvested on Bully Hill State Forest.**
- WHEN REPORTING HARVEST to the West Almond Forestry Office 1) Provide the harvest location (to the nearest road or crossroad) and 2) If the deer was male or female.
- Tag recipients no longer hunting Bully Hill SF prior to the end of hunting season should promptly return unused tags to the West Almond Forestry Office so they may be awarded to other applicants. All unused tags **must be returned** at the end of hunting season; tags are non-transferable.

**Additional details will be provided with your tag. Failure to participate according to these rules will result in the revocation of your privilege this year and in following years. Incomplete applications will not be considered.**

(\* Indicates required information.)

Name\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Hunting ID # (not DOC #)\* \_\_\_\_\_ Phone #\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

City, State, Zip\* \_\_\_\_\_

Does your property directly share a boundary line with Bully Hill State Forest? \* \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Email \_\_\_\_\_

#### Please indicate when you intend to hunt on Bully Hill State Forest (*circle all that apply*):

Entire Season	(10/1 – 12/22)		
Early Bowhunting	(10/1 – 11/20)	Crossbow	(11/7 – 11/20)
Regular	(11/21 – 12/13)	Late Bowhunting	(12/14 – 12/22)

Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_

By signing here, I understand that participation in the Bully Hill State Forest DMAP is a privilege and that any tags issued to me under this program are for use only on Bully Hill State Forest. Knowingly providing false information on this form is punishable as a class 'A' misdemeanor pursuant to section 210.45 of the New York State Penal Law. Failure to follow the rules of participation will result in the revocation of my tag and may result in the loss of future privileges and legal action.



Department of  
Environmental  
Conservation