

LICENSE DURATION

1 Year:
Propagated Game
April 16- August 15:
Wildlife Game

Field Trial License

Application

License # _____

LICENSE FEE No Fee

For more information on this license visit www.dec.ny.gov/permits/25014.html

***APPLICANT INFORMATION**

name /
date of birth

Last First M.I. DOB (mm/dd/yyyy)

address

Street Address Apartment/Unit City

County State Zip Code

email /
telephone

Email Telephone (_____) - _____

***LOCATION OF FIELD TRIAL(S)** (if a field trial will be held in multiple locations, attach additional sheets as necessary)

business /
facility name
address /
telephone

Street Address Apartment/Unit City

County State Zip Code Telephone (_____) - _____

***WILD GAME** (Complete this section if you intend to hold the field trial on wild game species)

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Eastern cottontail | Coyote | Snowshoe hare | Raccoon | Gray fox | Red fox | American woodcock | Ruffed grouse | Eastern gray squirrel |

***PROPAGATED GAME** (Complete this section if you intend to hold the field trial on propagated game species)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Mallard | Chukar | Pheasant | Quail | Gray Partridge |

***NAME OF SPONSORING KENNEL OR CLUB** (Enter the name and address of the kennel or club sponsoring or sanctioning the field trial)

name of sponsoring
kennel or club
address / telephone

Street Address Apartment/Unit City

County State Zip Code Telephone (_____) - _____

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

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

For questions or concerns, please contact us
Phone: (518) 402-8985 · Fax: (518) 402-8925
Email: SpecialLicenses@dec.ny.gov
Website: www.dec.ny.gov/63.html

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.