



IOWA DEPARTMENT OF NATURAL RESOURCES APPLICATION FOR FIELD TRIAL PERMIT

If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.

Today's Date:				(FOR DNR USE ONLY)
Field Trial Date:				
Organization Name:				
Name of Applicant:				
Street Address/Box #:				
City:		Zip:		
Telephone #: <small>Include Area Code</small>	() -	County:		
E-mail Address:		Fax #:	() -	

Location of Field Trial: <small>Including Name of State Area</small>			
(Check One) Public Area <input type="checkbox"/> OR Private Area <input type="checkbox"/>			

Name of Property Owner:			
Address of Property Owner:			
Department Representative to Be in Attendance:			

Standard Permit Fee:	\$2.00
<input type="checkbox"/> Pheasant Bands <small>(@ \$.10 each)</small>	Qty:
<input type="checkbox"/> Quail Bands <small>(@ \$.10 each)</small>	Qty:
Total Remittance Due:	

(FOR DNR USE ONLY)
TAG SEQUENCE NUMBER
Pheasant: _____
Quail: _____

Signature of Applicant *Applicant's Title*

****PLEASE NOTE: THIS FORM NEEDS CONSERVATION OFFICER'S APPROVAL****

STATE APPROVAL: Each application must be approved by the local Conservation Officer in the county the field trial is to be held. If field trial is to be held on a public area, Wildlife Management Biologist of the area must also approve this application. (Find the Conservation Officer for your county by clicking here [See pg 46])		
CONSERVATION OFFICER: <small>(Signature needed on all applications - Public & Private)</small>	_____ <i>Signature</i>	_____ <i>Date</i>
WILDLIFE MANAGEMENT BIOLOGIST: <small>(Signature needed if trial is in Public Area)</small>	_____ <i>Signature</i>	_____ <i>Date</i>

SEND CHECK/MONEY ORDER & APPLICATION TO YOUR LOCAL OFFICER - ALLOW 4 WEEKS FOR PROCESSING

(FOR DNR USE ONLY)	
Field Trial Permit No. Issued: _____	Date Issued: _____