Arizona Game and Fish Dept.

FOR DEPARTMENT USE ONLY

Date Received Region _____
Date Reviewer Received _____
Review Completion Date _____
Approved Partial Denied _____
Valid From To _____

PLEASE PRINT OR TYPE

****Social Security Number is voluntary-to be used for Sportsman's Database Only****

APPLICATION FOR GAME BIRD FIELD TRAINING PERMIT

FEE: None

Name _____ Phone _____

Address _____ Birth Date _____

City _____ State _____ Zip _____

Department ID Number or Social Security Number _____

Email _____ Date _____

LOCATION where training is to occur and the date at each site: _____

Location Date _____

_____

_____

_____

_____

(use a separate sheet, if necessary)

Number of Chukar for location _____

Number of Mallard Duck for location _____

Number of Northern Bobwhite for location _____

Number of Ringneck and/or Whitewing Pheasant for location _____

Source of birds (circle one) ARIZONA or IMPORTED. Imported birds must be accompanied by a health certificate.

List _____

This application must be accompanied by a description of procedures used to comply with R12_4_428.

_____ _____

APPLICANT SIGNATURE: I affirm the above is true and correct and I meet the criteria set forth in R12-4-416. Date

_____ _____

Approved By Date

FORM 2716-A Revised 12/06

Print Form