

CITY OF MENOMONIE

DEER HERD CONTROL ARCHERY HUNT APPLICATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hunter Safety Permit Number: \_\_\_\_\_

WI DNR Customer Number: \_\_\_\_\_

Driver's License Number/State of Issuance: \_\_\_\_\_

Have you ever been convicted of any violations of laws pertaining to hunting and/or fishing?

Yes or No - If yes, explain any violation. \_\_\_\_\_

\_\_\_\_\_

Archery Proficiency Score: \_\_\_\_\_

Name of Examiner/Agency: \_\_\_\_\_

Date of Test: \_\_\_\_\_

I agree that the Wisconsin DNR and the Menomonie Police Department may use this information to conduct a background check before I receive permission to participate in the hunt. I agree to follow all rules and regulations of the Deer Herd Control Archery Hunt established by the City of Menomonie.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

DNR Background Check: \_\_\_\_\_

MPD Background Check: \_\_\_\_\_

Permission to Participate in Archery Hunt: Yes or No

Permit Number: \_\_\_\_\_

Signature of City Official: \_\_\_\_\_

Date: \_\_\_\_\_