

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: _____