

MS Department of Wildlife, Fisheries, & Parks

Central Regional Field Office 506 Hwy 43 South Canton, MS 39046 (601) 859-3421 Phone (601) 859-1818 Fax

FIELD TRIAL PERMIT APPLICATION

Name:	DOB:		
Home/Cell Phone:	E-Mail:		R
Address:			-
Street	City	State	Zip
Driver's License #/State:	Social Security #:		
Club or Group:			
Date(s) of Trial:			• 1
Types of Trial: UKC AKC ACHA	NFHA SFSB		
Headquarters/Meeting Place:			
Location:			
County or Counties Involved in Field Trial:			
Wildlife Management Areas Involved:			
No taking of game or fur bearing animals shall b molested.	e permitted and no other	animals are to b	e taken or
This permit <u>does not</u> sanction or authorize "Coo	n-On-Log" events or spec	ial events.	
Please attach a check or money order in the amount, send an additional \$17.29 for each hunt.	ount of \$17.29. If you are	requesting more	than one
APPLICATIONS MUST BE RECEIVED IN THE REGION TRIAL DATE.	ONAL OFFICE AT LEAST (5)	DAYS PRIOR TO	THE FIELD
Signature of Applicant		 Date	