



DEER DAMAGE PERMIT APPLICATION

Reg. Year Rec. Number

Regional Wildlife Office:

Table with 2 columns: Landowner/Lessee/Organization Representative Name, Organization/Business Name (if applicable); Street Address, Daytime Phone; City/State/Zip, E-mail address.

Location Where Damage Is Occurring:

County: Town: Village/City (if applicable):

WMU: Physical address/location:

Type Of Damage Occurring (check all that apply):

- Agriculture, Tree Farm/Orchard/Nursery, Community/Residential, Park/Preserve

Other: Estimated Annual Damages: \$ # of Acres Affected:

Description of Most Significant Damage:

Damage Abatement Methods Tried (check all that apply):

- Fence, Repellent, Visual or Auditory Scare Device, Alternate Plantings, Dog, Non-lethal Shot, Other

Do you allow deer hunting on this property? Yes No If no, why not?

Do you use DMAP on this property? Yes No If no, why not?

Approximately how many deer were taken on this property last year? 2 years ago? 3 years ago?

Permit Implementation:

Table with 2 columns: Principal Proposed Permit Agent (if other than applicant), Street Address; Daytime Phone, City/State/Zip.

Tax Map ID #s for all parcels where permit activities will occur (or attach map identifying parcels):

Will shooting occur within 500' (firearm), 250' (crossbow) or 150' (vertical bow) of homes other than yours? Yes No
If yes, do you have permission from the owners of those homes? Yes No

APPLICANT AGREEMENT/CERTIFICATION

I affirm by the signature below, under penalty of perjury, that the information in this application is true to the best of my knowledge and belief. I am aware that false statements made herein are punishable as Class A misdemeanors under Penal Law 210.45. I further understand that, upon filing of this application with the New York State Department of Environmental Conservation (DEC), DEC has the right to inspect any property listed on this application at any time up until the permit expiration date in order to confirm the information provided. Any findings of false statements may lead to denial of a permit or immediate permit revocation.

Applicant signature: Date:

\*NYS DEC USE ONLY\*

Actions Taken: Information and education, Field visit, Recommended DMPs/DMAP, DDP issued

Repeat Complaint, Applicant failed to comply with previous DDP conditions:

Enforcement action taken:

Field Inspector: Date: Notes:

Application Reviewer: Date: Notes: