

Shooting Preserve License

Annual Report and Continuous Record of Operation

For more information on this license visit www.dec.ny.gov/permits/25025.html

*APPLICANT INFORMATION

name / date of birth	_____			
	Last	First	M.I.	DOB (mm/dd/yyyy)
address	_____			
	Street Address	Apartment/Unit	City	
email / telephone	_____		State	Zip Code
	Email	(_____) _____		Telephone

*FACILITY / SHOOTING PRESERVE LOCATION (Complete the following contact information for the shooting preserve if different than the "Applicant Information" section above.)

facility / business name	_____			
	Facility / Business Name			
address	_____			
	Street Address	Apartment/Unit	City	
	_____	State	Zip Code	(_____) _____
	County		Telephone	

*LICENSE INFORMATION

report year / shooting preserve class / shooting preserve license #	September 1, _____ April 15, _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Report Year	SPL CLASS A	SPL CLASS B	Shooting Preserve License Number

For each species, please list the number of birds released, shot and the number on hand as of April 15.

Species Common Name	Number of Birds Released	Number of Birds Shot	Total Number of Birds on Hand as of April 15
Ring-necked Pheasant			
Bobwhite Quail			
Chukar Partridge			
Gray Partridge			
Mallard			
Other: _____			
Other: _____			
Other: _____			
Other: _____			

*EVIDENCE OF WRITTEN LEASE

This is written evidence that pursuant to Section 11-1903 of Environmental Conservation Law, I have lease exclusive hunting rights on my land for shooting preserve purposes to the person indicated below.

_____	_____	_____	_____
Number of Acres	Beginning Date	Ending Date	Lessee
_____			_____
Signature of Lessee			Date
_____		_____	_____
Signature of Lessor		Date	Date

REQUIRED DOCUMENT(S)

(must be submitted with your application)

- Please make a photo copy of this completed form for your records before you send the form to the NYS DEC no later than May 1st of each year. Your license will not be renewed until you submit this form.

APPLICATION CHECKLIST

(before sending this application, please verify the following)

- All application fields/sections marked with an asterisk (*) are complete!
- You signed and dated below

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Applicant's Signature _____

Date _____

STATUTORY AUTHORITY

Environmental Conservation Law Sections: 11-1903, 11-0103(4)(a)&(c) and 6 NYCRR Part 153, 154 & 175.

Individuals who possess a valid Shooting Preserve License MUST keep continuous and current records of their operation and submit an annual report to the Department of Environmental Conservation (DEC), no later than May 1st of each year.

The Annual Report and Continuous Record of Operation is the official form for your record and your annual report. This form, or an accurate copy, must be kept on the licensed premises and the licensee must allow any law enforcement representative of the DEC to enter upon the premises to inspect your operation and records. You must retain copies of your records for a period of three years.

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation
Special Licenses Unit · 5th Floor
625 Broadway, Albany, New York 12233

For questions or concerns, please contact us
Phone: (518) 402-8985 · Fax: (518) 402-8925
Email: SpecialLicenses@dec.ny.gov
Website: www.dec.ny.gov/63.html