



MARYLAND DEPARTMENT OF NATURAL RESOURCES
WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR REGULATED SHOOTING AREA PERMIT/LICENSE

INSTRUCTIONS

- A. THIS IS AN APPLICATION FOR A WILDLIFE PERMIT/LICENSE. COMPLETE ALL THE INFORMATION IN PARTS 1-9 AND 11-13.
- B. RETURN WITH FEE SHOWN IN PART 10 TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO THE "DEPARTMENT OF NATURAL RESOURCES".

CURRENT INFORMATION

1. NAME

2. STREET

3. CITY

4. STATE/COUNTY/ZIP

5. PHONE - HOME :

CELL:

EMAIL:

6. DATE OF BIRTH

7. NAME AND TITLE OF PRINCIPAL OFFICER (IF #1 IS A BUSINESS)

8: SOCIAL SECURITY OR FEDERAL TAX #

9. LOCATION WHERE ACTIVITY WILL BE CONDUCTED (IF APPLICABLE):

NAME AND HOME/CELL PHONE # OF PROPERTY MANAGER (IF DIFFERENT FROM APPLICANT OR OWNER):

10. NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST JUNE 30 FOLLOWING THE DATE OF ISSUANCE.

FEE: \$150.00

11. COMPLETE THE FOLLOWING:

ATTACH A TAX MAP OF THE PROPERTY.

ARE YOU APPLYING FOR A COMMERCIAL _____ OR NON-COMMERCIAL _____ REGULATED SHOOTING AREA?

IF YOU ARE APPLYING FOR A COMMERCIAL RSA, DO YOU WANT YOUR NAME INCLUDED ON A LIST MADE AVAILABLE TO THE PUBLIC? _____

LIST SPECIES TO BE RELEASED AND NAME/ADDRESS OF BIRD SUPPLIER:

List species to be released on RSA. If releasing mallard ducks, do you plan on releasing flighted mallards _____, free-flying mallards _____, or both?

(If releasing free-flying mallards, a habitat management plan must be included with renewal.)

Maryland law allows an RSA operator to allow Sunday hunting under the authority of this permit in accordance with the terms of this permit for any birds except free-flying mallard ducks. I wish to allow Sunday hunting _____ Yes _____ No.

Maryland law authorizes an RSA operator to allow for the hunting of captive raised bobwhite quail in accordance with the terms of this permit from October 1 through March 31st. Do you wish to apply for this privilege _____ Yes _____ No

12. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401).

I AM:

____ SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.

____ SUPPLYING DNR WITH INSURANCE BINDER NUMBER _____

____ SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE I AM NOT REQUIRED TO COMPLY WITH THIS LAW.

13. I HEREBY APPLY FOR THE ABOVE PERMIT/LICENSE AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF APPLICANT _____

DATE _____