



NORTH CAROLINA WILDLIFE RESOURCES COMMISSION
**Chronic Wasting Disease Management Assistance
 Program (CWDMAP) Application**
 2023

Applicant's Name _____ WRC Customer Number _____
 (First) (Middle) (Last)

Address _____ City _____ State _____ Zip _____

Email Address _____ County _____

Telephone _____ Alternative Telephone _____

Location of Property Physical address of the property(s) under this application. If no physical address, provide a general location of the property(s) under this application (e.g., nearest intersection, gps coordinates, etc.).

Total Acreage _____

*Information for each property must be listed below. Additional space on back if necessary.

Property Owner _____
Property Address _____
City, State, Zip _____
Acreage _____

Property Owner _____
Property Address _____
City, State, Zip _____
Acreage _____

Property Owner _____
Property Address _____
City, State, Zip _____
Acreage _____

Property Owner _____
Property Address _____
City, State, Zip _____
Acreage _____

Cooperator's Agreement: I hereby certify that I control exclusive hunting rights for all property(s) listed here. I also certify the property(s) is within a CWD Primary Surveillance Area or within 5 miles of a CWD positive, and that all information supplied is accurate and true. I have read the permit overview and understand and agree to abide by the permit requirements. Upon issuance of CWDMAP tags, I agree to tag and report all deer harvested under this permit and submit the heads for CWD testing.

Applicant's Signature _____

Date _____

Mail COMPLETED application to:
 NC Wildlife Resources Commission
 Deer Management Assistance Program
 1722 Mail Service Center
 Raleigh, NC 27699-1700

Or email: publicinquiry-fishwildlife@ncwildlife.org

If you have any further questions, call our Wildlife Management office for assistance at 919-707-0050 during normal business hours.

Property Owner _____

Property Address _____

City, State, Zip _____

Acreage _____

Property Owner _____

Property Address _____

City, State, Zip _____

Acreage _____

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City, State, Zip _____

Acreage _____

Property Owner _____

Property Address _____

City, State, Zip _____

Acreage _____