APPLICATION

Controlled Shooting Preserve Operator's License

(This license allows the purchase, sale, transport, possession and hunting of domestically raised game birds)

01/20

Applicant's Name: _____ Telephone # ( )
(**Last**) (**First**) (**M. Initial**)

Address: _____
(**Street**) (**City**) (**State**) (**Zip Code**)

_____
Date of Birth (required) **Email**

Name of Preserve: _____

Preserve Address: _____
(**Street**) (**City**) (**State**) (**Zip Code**) **County of Preserve**

GPS Coordinates of Preserve Entrance: **GPS Latitude:** _____ **GPS Longitude**_____

Total Preserve Acres Owned: _____ + Total Preserve Acres Leased: _____ = Total Preserve Acres: _____

Type of Preserve (Check One)
☐ Commercial Preserve ☐ Private Preserve

*****Attach a copy of property map*******

Please check the species the preserve will offer for hunting (Check all that apply):

☐ Chukar ☐ Pheasants ☐ Quail ☐ Waterfowl

☐ Other (if other, please explain in the space provided): _____

☐ **Check if you would like your contact information provided to the public on our website**

Waterfowl imported into North Carolina must be received from facilities or individuals who are certified under the National Poultry Improvement Plan (NPIP) as pullorum-typhoid and avian influenza negative. If the source birds are not part of NPIP, they must be tested pullorum-typhoid and avian influenza negative by NPIP standards within 30 days prior to entry into North Carolina. Health certificates for imported waterfowl shall be available for inspection by authorized Commission personnel upon request.

I hereby certify that all information contained herein is accurate and truthful to the best of my knowledge. I have read and understand the rules and statutes pertaining to the collection of wildlife in North Carolina, under 15A NCAC 10H.0100, 15A NCAC 10H .0900, and G.S. 113-272.4, and agree to abide by these regulations. I understand that the Commission may revoke my license at any time and confiscate all wildlife in my possession should I violate any of these regulations or the conditions listed on my license.

Applicant Signature	**Date**
Print name of additional operator	Date of Birth
Print name of additional operator	Date of Birth
Print name of additional operator	Date of Birth

Send complete application with a check or money order for $102.00* made payable to NCWRC to:

NC Wildlife Resources Commission
License Section
1707 Mail Service Center
Raleigh, NC 27699-1700
1(888) 248-6834 www.ncwildlife.org

*Price includes a $2.00 transaction fee as mandated by G.S. 113-270.1B.

Note: Transactions are not considered final until the check has cleared the bank. Items purchased with a returned check will be made invalid. A service charge of up to $25 will be charged on returned checks (G.S. 25-3-506)