

**Notice to Applicant:** Persons applying for authorization to conduct a Learn to Hunt Program, as provided in s. NR 19.025, Wis. Adm. Code and s. 29.197, Wis. Stats., must provide complete information requested on this application. Failure to do so may result in denial of the application. Personally identifiable information collected will be used for management of DNR programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Application Deadline:** All applications must be received at our local DNR office **no later than 30 days** prior to your Learn to Hunt event. The applicant must provide a final list of the names, addresses, and phone numbers of all mentors two weeks before the event is to occur.

**Participation Limits:** No person may participate in more than one species-specific Learn to Hunt program (e.g., may not participate in two or more "Learn to Deer Hunt" programs.) Participants over 16 years of age must purchase a Federal Waterfowl Stamp and hunt within the federal waterfowl season framework.

**Regulation Compliance:** Unless otherwise provided by the Department, all participants and designated mentors/instructors shall comply with all hunting rules and laws applicable to the wildlife species hunted.

**Posting Requirements:** The applicant shall post the field portion of the activity with at least one sign advising of the activity. These signs shall indicate the date and times of the event and the dates and hours during which hunting by nonparticipants is prohibited. All such notices shall be removed from state properties within 2 days of the close of the event.

**Fees:** The sponsor of this event shall not charge fees in excess of the cost of educational materials, equipment rentals, meals or overnight lodging.

### Applicant Information

Organization Name

Applicant First Name	MI	Last Name	Day Phone	Evening Phone
Applicant Home Address	City		State	Zip Code
Hunter Education Instructor First Name	MI	Last Name	Hunter Education Instructor Number	

### Learn to Hunt Event Information

Species to be Hunted	Equipment to be Used <input type="checkbox"/> Firearm <input type="checkbox"/> Bow	Requested Date of Hunt
Number of Mentors	Anticipated No. of Participants (Ratio of mentors to participants MUST be 1:1 during the hunting portion of the program.)	

**Below, provide name, address and phone number of owner of property on which program is to be held.**

Property Owner First Name	MI	Last Name	Phone Number	
Property Address	City		State	Zip Code
Number of Acres to be Hunted	County	Township		

**Attach a copy of your lesson plan for the day. A minimum of four hours instruction in the field or in the classroom is required. Provide times, title of session, brief outline of major topics covered under each session, and name of each instructor covering the various segments.**

# Application and Authorization to Conduct a Learn to Hunt Program

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## Property Manager, Private Landowner or Tenant Authorization

**Notice to Property Manager/Private Landowner/Tenant:** As provided in NR 19.025, Wis. Adm. Code, Property Managers or Landowners must provide authorization for persons to conduct a Learn to Hunt Program on private lands. Failure to do so may result in denial of the application. Personally identifiable information collected will be used for management of DNR programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**I (we) certify that the applicant has the authority to conduct a Learn to Hunt program on the lands described above under my (our) ownership. (NOTE: The Department will not issue an authorization for lands on which authority has not been granted).**

Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed
Property Manager, Private Landowner or Tenant Signature	Printed Name	Date Signed

## Applicant Certification

Applicant Signature	Date Signed
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## Approval (Leave Blank – For Department Use Only)

The State of Wisconsin Department of Natural Resources hereby issues an authorization to conduct a Learn to Hunt program to the said applicant on the lands described. The authorization is contingent upon the applicant submitting a final list of participants and mentors two weeks before the scheduled event.

### State of Wisconsin, Department of Natural Resources, For the Secretary

Approved by:

Local DNR Wildlife Biologist Signature	Printed Name	Date Signed
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Approved  Denied – Create memo with justification for denial.

According to State Statute 29.197(8): A denial of a waiver request is not subject to further review under ch. 227. All other regulations apply.

**The approved form must be in the possession of the lead instructor during the Learn to Hunt event and must be produced upon request of any Department of Natural Resources employee.**

Top Copy: Applicant  
 Second Copy: Local Wildlife Biologist  
 Third Copy: Learn to Hunt Coordinator - LE/8

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**List of Mentors**

**Notice to Mentor:** All mentors participating in this Learn to Hunt event must provide information requested below, as provided in NR 19.025, Wis. Adm. Code. Personally identifiable information collected will be used for management of DNR programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Notice to Program Applicant:** Two weeks before the event is to occur, the applicant must provide a list of names, addresses and phone numbers of all mentors. Failure to provide information may result in denial of your application.

**Mentors must have a minimum of 5 years hunting experience. No prior illegal activity relevant to a mentor's ability to properly assist or instruct novice participants, the department may make appropriate inquiry into criminal history, character and background of the mentor to determine the suitability for the proposed activity.**

Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
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Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone
Mentor First Name (Type or Print)	MI	Last Name	Customer ID#	Phone

If you need more space, please copy this page as a blank before filling in information, and attach completed pages as necessary.

# Application and Authorization to Conduct a Learn to Hunt Program

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## Learn to Hunt Program Participant Report

**Notice to Participant:** Persons who participate in this Learn to Hunt program, must provide complete information requested on this report. Failure to provide information may result in persons being ineligible to participate in the event. Under penalty of law, no person may participate in more than one Learn to Hunt program for a particular wildlife species. Personally identifiable information collected will be used for management of DNR programs and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**Notice to Program Applicant:** Within two weeks after the event has occurred, applicant must provide participant names, addresses, phone numbers and game harvested information to the Upland Wildlife Ecologist, as required by s. NR 29.197, Wis. Stats.

**Requirement!** All Learn to Hunt Participants are required to obtain a Wisconsin DNR Customer ID Number before the completion of a Learn to Hunt event. Students will be required to provide that DNR Customer ID Number along with their personal information to the Lead mentor. You can obtain a DNR Customer ID number by calling WI DNR Customer Service at 1-888-936-7463 between 7AM and 10PM daily. Note: This is the same number you may already have from hunter education or a prior hunting or fishing license.

Host Organization Name \_\_\_\_\_

Contact Person First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Hunt	Species Hunted	No. of Participants	No. of Animals Harvested by Group	No. of Instructors and Mentors

### Participant Information – Please print clearly

Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant First Name (Type or Print) MI _____	Last Name _____	Customer ID# _____	D.O.B. _____	Game Harvested <input type="checkbox"/> Yes <input type="checkbox"/> No

Copy this page blank and attach completed additional pages as necessary. Mail completed forms within two weeks after the Learn to Hunt program to:

Learn to Hunt Coordinator - LE/8  
Wisconsin DNR Bureau of Law Enforcement  
101 S. Webster St.  
Madison, WI 53707-7921