



White-tailed Deer Enclosure Application to Decommission



Instructions: Complete full application. Incomplete applications will not be processed. Submission of this completed application is the initial step in the decommission process. The enclosure fence may not be lowered or removed, in part or in full, until the owner receives a Certificate of Decommission from the MDWFP.

Owner:	_____	Manager:	_____
Phone Number:	(h) _____	Phone Number:	(h) _____
	(w) _____		(w) _____
	(c) _____		(c) _____
Mailing Address:	_____	Mailing Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Email:	_____	Email:	_____

Please list all previous owners for the past 10 years: _____

Facility ID:	_____	Property Name:	_____
Majority County:	_____	Enclosed Acres:	_____
Fence Height:	_____	Year Constructed:	_____
Biologist Name:	_____	Biologist Phone:	_____

GPS Coordinates of Main Entrance (Decimal Degrees): N _____ W _____

Estimated Number of Adult White-tailed Deer inside Enclosure: _____

Previous 3-Year White-tailed Deer Harvest:	Year:	_____	_____	_____
	Bucks:	_____	_____	_____
	Does:	_____	_____	_____
	Total:	_____	_____	_____

Are Exotic Animals Present? Yes___ No___ If yes, MS Board of Animal Health Exotic Permit #: _____

List Exotic Species and Estimated Number of Each Species: _____

Estimated Number of Wild Hogs inside Enclosure: _____

Does Facility Contain Breeding Pens for White-tailed Deer? Yes___ No___

If yes, please provide: Breeding Pen ID numbers: _____
Total Number of White-tailed Deer in Pens: _____

(Attach Breeding Pen inventory to this Permit Application.)

Is this Facility Participating in the CWD Monitoring Program? Yes___ No___

Number of CWD Samples Submitted to MDWFP in Last 5 Years: _____

Have White-tailed Deer been imported from another Facility? Yes____ No____

If yes, from what facility(s) have White-tailed Deer been imported? _____

By my signature below, I certify that I am the landowner of the above described property. I also certify that the above information is true and correct to the best of my knowledge.

Facility Owner Signature

Printed Name

Date Signed

For MDWFP/MBAH Office Use Only

Facility ID: _____ Date Received: _____

MBAH Exotic Permit #: _____

Date of Decommission Inspection(s): _____

(Attach Decommission Inspection Report for Each Inspection.)

Date Decommission Process Begins: _____

Authorized MDWFP Signature Printed Name Date

Authorized MBAH Signature Printed Name Date