



# Shoot to Retrieve Field Trial Application

New  Renewal – Current Permit # (Required)

## APPLICANT INFORMATION

Name of Applicant (First, Middle Initial and Last Name): \_\_\_\_\_

Social Security # or Federal Tax I.D. #: \_\_\_\_\_

Name of Business (if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Kentucky Resident Yes  No

County (if resident) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PAYMENT INFORMATION

Total Amount Enclosed: \_\_\_\_\_

Commercial License & Fees: [fw.ky.gov/Licenses/Pages/Commercial-License-Fees.aspx](http://fw.ky.gov/Licenses/Pages/Commercial-License-Fees.aspx)

### Statement of Fact: (Required by KRS 164.772)

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority, my license or permit may not be issued or renewed.

### Statement:

I, the undersigned, hereby state that upon signing this instrument, the Kentucky Department of Fish and Wildlife Resources (KDFWR) and all of its employees shall be released of any liability that might occur as a result of my issuance of this license or permit. I certify that I have read and understand 301 KAR 2:230 Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Office Use Only</b>
Date: _____
Reviewed by: _____
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>

Make Checks payable to <b>KDFWR</b>
Mail application and payment to:
<b>Kentucky Department of Fish and Wildlife Resources</b>
#1 Sportsman's Lane
Frankfort, KY 40601
ATTN: Shoot to Retrieve

Not effective until Spring of 2026

Kentucky Department of Fish and Wildlife Resources

Shoot to Retrieve Field Trial Application

Revised 5/25

Instructions: Consult 301 KAR 2:230 and 5:022 for type of permit and fee required. Fee must accompany this application. Application for shoot to retrieve field trial must be through the Game Warden or Law Enforcement District Captain at least 30 days prior to the trial opening date. Mail application and money to Kentucky Department of Fish and Wildlife Resources, #1 Sportsman's Lane, Frankfort, KY 40601. Attn: Administrative Services Division.

Type of Trial: \_\_\_\_\_ Multi-day with license exemption \_\_\_\_\_ Single Day

1. Date of Application \_\_\_\_\_
2. Date(s) field trial to be held \_\_\_\_\_
3. Name of sponsoring organization \_\_\_\_\_
4. Name, address and phone number of club officer who is to receive filed trial permit.  
Name: \_\_\_\_\_ Street Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_
5. County in which field trial is to be held: \_\_\_\_\_
6. Name and address of landowner on whose land the field trial is to be held:  
Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE ATTACH LANDOWNER'S WRITTEN PERMISSION

7. Specie(s) of birds and number to be released:  

<u>Species</u>	<u>No. of birds to be released</u>
(a) Quail	_____
(b) Pheasant	_____
(c) Chukar	_____
(d) Other (specify)	_____

8. Approval of Game Warden or Law Enforcement District Captain.

Game Warden Signature	Game Warden Name	Badge #	Date
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DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Date application received _____	Approved _____
Date permit issued _____	Date permit mailed _____

Not effective until Spring of 2026