NEW JERSEY DEP
Fish and Wildlife

CERTIFIED DEER TRACKING DOG PERMIT REPORT FORM

Current Permit Number: _____ **Report Date:** _____

Name of Permittee: _____

Date	Location (Zone, Municipality, Closest Intersection)	CID Number of Hunter	Tracked Animal Information (Species, Gender, Description)	Recovery Status

*Attach additional sheets as necessary.

I certify under penalty of law that the information provided in this document is true, accurate, and complete.

Signature of Permittee: _____ **Date:** _____

This report must be submitted within 14 days following the expiration date of the permit by:

mail to:

New Jersey Fish and Wildlife
Wildlife Permits Unit
1 Eldridge Road
Robbinsville, NJ 08691-3476 **or**

email to: Krista.Laws@dep.nj.gov

Date	Location (Zone, Municipality, Closest Intersection)	CID Number of Hunter	Tracked Animal Information (Species, Gender, Description)	Recovery Status

Permittee's Initials: _____