

**CITY OF COUNCIL BLUFFS
URBAN DEER MANAGEMENT PERMIT APPLICATION**

Special Use Permit for Limited Bow Hunting for:

September 12, 2009 - January 31, 2010

Last Name: _____ First: _____ Middle Initial: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Iowa Hunting License Number: _____

Iowa Habitat Stamp: _____

AUTHORIZED TRAINING COURSE

Proof of successful completion of an authorized Council Bluffs Urban Deer Management Program bow hunting training course must be submitted at the time of application.

Name of course: _____ Location: _____

Name of instructor: _____ Date completed: _____

PROFICIENCY CERTIFICATION

Proof of successful completion of an authorized City of Council Bluffs Urban Deer Program bow hunting proficiency certification must be submitted at the time of application. Proficiency test must have been completed since August 1, 2009. Test will require 5 shots at 20 yards with all 5 shots within a 6" diameter vital target area.

Name of course: _____ Location: _____

Name of tester: _____ Date completed: _____

