

New Jersey Division of Fish & Wildlife

DEER MANAGEMENT ASSISTANCE PROGRAM LANDOWNER/LESSEE APPLICATION

Application Type:	(check one)				Postmark by October 1		
		MAP number:					
Applicant Name a	nd Contact Informa	ation					
Applicant Name:	Last	First		MI			
_	Name of Organization or A	Agency					
Applicant Address:							
_	Street						
	City		State	Zip			
() Daytime Phone Number	(Evening Phone N	lumber	Email Address		
exclusive deer hunting rights laws and DMAP permit regu accurate and true and recogn	on all lands listed which inclu lations and that I will fully co- nize that any misrepresentation	ides each landowner's perm poperate with Division Biolo on may invalidate this perm	dission to harvest an ogists and Conserva nit. I agree to repo	ntlerless deer. ation Officers. ort all deer ha	ram, and do hereby certify that I have obtained I further fully attest that I will obey all hunting I further attest that all information supplied is arvested on the property and provide required ement needs and merits of the case.		
Applicant Signature	:				Date:		
Type of applicant: (Private Land Public Officia Leasee (Applic	al or Employee (A employee apply cant leases land for agr	ing on behalf of icultural or hun	a Federal, ting club pu	State, county or municipal agency)		
Type of Property:	Private Land		Public I	Land			

Property Information

Please provide address, county, and township(s) and landmark references such as nearest cross street, distance and direction to nearest major roadway or water body, and nearest town.

		, NJ			
Street Address	City	Zip			
County	e if applicable	DMZ(s)			
Township	e if applicable	DMU(s)			
	included, applicant must sub		ization Form (pg. 6) for each		
Fa Fa Fe	his area? esidential urm ursery ederal, State, County or Muni ther; Please specifiy:				
Is your land open to public h	es				
	for enrolling in DMAP? prest Regeneration rban/Suburban Deer Manager gricultural Damage dodiversity ther; Please specify:				
Status of problem in recent y	years: Improved	Same	Worse		
Number of deer taken off t three deer hunting seasons Year Bucks	?		-		
Property Acreage and DM	AP Permit Request				
Total Acreage:	otal Acreage: Total Forest Acreage:		Total Farmland Acreage:		
Acres in Regeneration:	Crop Acres:	Orchard Acres:	Pasture acres:		
Ponds/Marsh, Etc:	Other:	_			

Standard issue rate for DMAP permits is one permit per 10 acres.

Total number of DMAP permits requested:

This page is required for all applications, including renewals.

Map of DMAP Area

The map may be drawn in the box below or printed on a separate $8 \frac{1}{2}$ x 11" sheet of paper.

<u>Aerial photos</u> can be printed and clearly marked with a pen. The link is to I-MapNJ, an environmental mapping tool that can provide you information on your neighborhood, county, or State (NJ). (Because of the large amount of data available you may have to wait for images to load if on dial-up connection. It takes several clicks to zoom in until aerial photo displays).

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Use satellite-derived images available at <u>www.maps.google.com</u> .

Maps must include the following items:

- 1. Boundaries of DMAP area and how boundaries are marked (ex. Fence line, signs, field edge, painted trees, etc). Boundaries must be clearly identifiable so that hunters will be able to stay on your property while hunting deer.
- 2. Description of area including:
 - a. cover types (forested, non-forested, agricultural field, etc),
 - b. principal land uses,
 - c. huntable areas
 - d. safety zones
- 3. Location of DMAP area referenced to highways, roads, rivers and streams, and distance to nearest to town. The DMAP area should be able to be located based on the map you provide.

NOTE: You are required to give this map to every permit recipient.

Management Plan for DMAP Area

Responses may be completed on a separate $8 \frac{1}{2} x 11$ sheet of paper, but all information requested must be included.

- 1. Number of deer hunters hunting area in past years?_____
- 2. Describe deer management problem on this area. Include number of deer estimated or observed to be on property, the desired number of deer for the property, and describe and quantify amount of damage to crops, forests, landscaping, or other deer-related damage or impacts.

3. Describe past management actions, and current deer management goals and objectives for this area, and why these objectives cannot be met under the current deer hunting season format.

Please list DMAP hunters below. Attach additional page if necessary. Hunters will not be issued a permit without Division notification from the Applicant.

Name	Date of Birth	CID	Permit Number FOR OFFICIAL USE ONLY	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

FOR OFFICIAL USE ONLY

Reviewing Biologist	Region	DMZ	DMU	Hunting Year	# Permits Approved	DMAP number provided by system

This page is required if applicant is a *Leasee* or *Joint Applicant*

Landowner Authorization Form

A Landowner Authorization Form must be completed for <u>every landowner</u> of property being enrolled by the applicant.

Landowner Name and Contact Information Landowner: _____ First MI Last Landowner Address: Street City State Zip () Evening Phone Number (Daytime Phone Number DMAP Property Address, if different than above: Street City State Zip Landowner Permission to Applicant _____, am the landowner of the property listed above, as enrolled in I, Print Landowner Name the Deer Management Assistance Program, and I have given permission to ______ to include my property in DMAP for the upcoming deer Print Applicant Name hunting seasons.

Landowner Signature:______Date:_____