

Submit Application To:

Judy Sullivan, Clerk/Administrator
Bedminster Township
One Miller Lane
Bedminster, NJ 07921



BEDMINSTER TOWNSHIP DEER MANAGEMENT PROGRAM APPLICATION

APPLICANT INFORMATION:

Name:

Street Address:

Town/Zip:

Home Telephone No.

Cell Telephone No.

Email Address:

Vehicle Make/Model/Color:

License #:

Vehicle Make/Model/Color:

License #:

REFERENCES: (Please give the name of two people, not related to you, whom you have known for at least one year)

Name:

Telephone:

Years Known:

EMERGENCY CONTACT INFORMATION:

Name:

Telephone:

Relationship:

CERTIFICATION:

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision to be in the Deer Management Program and I have read and agree to all Rules and Regulations of the Deer Management Program. (attached to application form)

Signature:

Date:

FOR DEER MANAGEMENT COMMITTEE USE ONLY

Please check the following:

Interview by BDMC

Proof of Insurance**

Current Hunting License**

Demonstrated hunting experience

No incidents in previous 10 years

Pass background check by BPD

****Please attach copies**