



**Maine Department of Inland Fisheries and Wildlife**  
**353 Water Street, 41 SHS, Augusta, ME 04333**  
**Phone 207-287-8000 / Fax 207-287-9037**

**LEASHED DOG TRACKING PERMIT APPLICATION**

*In accordance with the provisions of the Maine Revised Statutes, Title 12, Section 11111, and Inland Fisheries and Wildlife Leashed Dog Tracking Permit Rules as defined under Chapter 25. The fee for a 3-year permit for leashed dog to track a wounded animal is \$81.*

\_\_\_ Application Fee \$25.00 (1714)

\_\_\_ New 3-Year Permit Fee \$81.00 (731)      \_\_\_ Renewal 3-Year Permit Fee \$81.00 (1731)

Current Hunting License Number: \_\_\_\_\_ MOSES ID: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
First Last MI

Company Name: \_\_\_\_\_ Social Security Number or Federal ID: \_\_\_\_\_  
Required for New Applicants

Mailing Address: \_\_\_\_\_  
Street/Road or Box # City or Town State Zip Code

Email Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

1. Would you like your contact information published on the Maine Department of Inland Fisheries and Wildlife website for leashed dog tracking services? \_\_\_ Yes \_\_\_ No  
 List Coverage area for leashed dog tracking services: \_\_\_\_\_
2. Has your hunting license authority been revoked in the past 5 years? \_\_\_ Yes \_\_\_ No  
 If yes, please explain: \_\_\_\_\_

**Applicant must submit a \$25.00 non-refundable application fee and possess a valid big game license in order to apply for this permit. Applicant must complete a written exam with a passing score of 80% or better, issued by the Department. Unsuccessful applicants must wait 30 days before being able to retake the written exam.**

To access current Department rules regulating Leashing Dog Tracking Permits, see Chapter 25, by visiting <https://www.maine.gov/sos/cec/rules/09/chaps09.htm>

**By affixing your signature below, you:** Certify that all statements provided are true and accurate. You understand that any false statement made in this application or in any documents provided may result in denial, suspension, or revocation of your license or permit, and possible criminal prosecution.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HAND-DELIVER OR MAIL APPLICATION AND DOCUMENTS, WITH THE APPROPRIATE FEE:**  
 Make check payable to: Treasurer, State of Maine

**Department of Inland Fisheries and Wildlife**  
**Licensing Division**  
 353 Water Street, SHS 41  
 Augusta, ME 04333

<b>CREDIT CARD PAYMENT</b>	
All Major Credit Cards Accepted	
Name on Card:	_____
Card #:	_____
Expiration Date:	____ / ____ Code: _____
Billing Address:	_____ _____