

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

## **MOOSE PERMIT TRANSFER TO VETERAN FORM**

## This form is due by July 17, 2025

## Eligibility Requirements:

- You must have a letter or documentation from the Veterans Administration specifically stating that applicant is a veteran with a serviceconnected disability evaluated at 50% or more. NOTE: If applicant already has a Disabled Veteran license from MDIFW please provide a copy.
- Three-year waiting period After winning a Maine moose hunting permit, you must wait three years to become eligible to win another one (so if you received a permit in 2022, 2023, or 2024, you are not eligible for a 2025 permit. This waiting period affects permit holders only. It does not affect sub-permittees or alternate sub-permittees. Also, this restriction does not impact those who have won moose permits through the auction.
- The transferor and the transferee will lose all accumulated points and will not be eligible to win another moose permit until 2029.

## Please provide the original permit number and information. (If permit is being swapped, do not enter the swap information)

Permit # being tra	nsferred:	WMD: Seasor			n: Type:				
		Permit	t Holder Informatio	<u>on</u>					
Name:					Date of Birth:	/_		/	
First		Last		MI		MM	DD	YYYY	
Mailing Address:									
Sti	reet/Road or Box #		City or Town			State		Zip Code	
Email Address:				Phon	e Number: (	)			
		Vetera	n Hunter Informati	on					
Name:					Date of Birth:	/		/	
First		Last		MI		,	DD	_, YYYY	
Mailing Address:									
Sti	reet/Road or Box #		City or Town			Stat	e	Zip Code	
Physical Address:									
St	reet or Road		City or Town			Stat	e	Zip Code	
Email Address:				Phon	e Number: (	)			
MOSES ID:		Disabled Veter	an License # or 202	25 Hunt	ing License #:				
		SUBPERMITTE	E INFORMATION – Ca	an Shoo	ot				
Name:					Date of Birth:	/	/		
					M	M DD		YYYY	
Legal Residenc	e Town:	St	ate/Province:						
	ALTEF	RNATE SUBPERM	ITTEE INFORMATIO	N – Can	't Shoot				
Name:					_ Date of Birth: M	/	_/		
First		Last			М	M DD		YYYY	
Legal Residenc	e Town:	St	ate/Province:						
Signature of Permit Holder					_ Date				
Signature of Veteran					Date				
-	IAIL, or EMAIL APPLIC at of Inland Fisheries – Moose		OCUMENTS TO:						
353 Water Street,									
Augusta, ME 0433	3								
ifw.moosepermit@	<u>@maine.gov</u>								