## Application for Hunting/Fishing Permit (MLAAPR 420-2)

## (Section A - Privacy Information)

1. Authority: Title 10, US Code Section 301

Form 813, Rev. 06 Feb.18

- 2. Principal Purposes: Obtain pertinent information upon which to authorize issue of installation seasonal hunting/fishing permit. All applicants must possess State of Tennessee Hunting/Fishing License and Hunter Safety Certification before MLAAP permit can be issued. Will be protected from unauthorized access or use. Information within this form will be destroyed when no longer needed.
- 3. Routine Uses: To assure the applicants are eligible to hunt/fish on MLAAP.

1.	(Section B – Application)  1. Request a season permit be issued to hunt and fish on the Milan Army Ammunition Plant. I agree to abide by MLAAPR 420-2, Hunting, Fishing and Trapping Regulations, and applicate provisions of Federal and State Game and Fish Law. Any violation or infraction thereof may the revocation of this permit and subject me to such disciplinary action as may be appropria							
	Name	Hunter Category *	Home Address	Work Phone No.				
H	unter Safety Date	NCIC or CAC Date	Orientation date	Cell Phone No.				
		retired employee, RIF em d veteran ( <b>color copy</b> of r						
2.	Sportsman Hunt Li	cense No.	State Hunt License No					
3.				Federal Stamp				
4.		D						
5.		License No.						
6.								
7.								
8.		able to U.S. Treasury according to the state of the state						
	Small Game (\$15.00 Migratory Waterfowl (Turkey (\$25.00 per se Deer – Archery (\$25. Deer – Muzzleloader Deer - Gun (\$25.00 Sportsman (\$80.00 psr. Sportsman – (\$20.00 psr. S	(Mark applicab 0 – per individual, season * s – per individual, all seasons) \$15.00 per individual, season eason, season	n)on)on)on)on)on) olion & fishing)olion & fishing	·				
9.		al dependent, including ag n the back of this application						
10.	. I have read and agree to the Waiver and Release of Tort Claims and Indemnity Agreements contained on the reverse of this form.							
11.								
11.	Signature	of Applicant	Date	DOB: Date of Birth				
	Signature	of Applicant gulations on Website (Section C – Ass	□ Need copy of MLAA					

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Approved By \_\_\_\_\_\_

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## Eligible Dependents: Spouse and children 22 yrs. of age or younger

		(Mark app Spouse		<b>attach copies of al</b> Child	I licenses) Child			
Nai								
_	e (children only) entation Date							
	IC for ages							
	& older							
Hui	nter Safety Date							
Spo	ortsman Lic.#							
Sta	te License#							
Deer (Bow) Lic#		<u> </u>	<b></b>	□	□			
De	er (Muzzle) Lic#	D	D	D	O			
De	er (Gun) Lic#		<b></b>		<u> </u>			
Tur	key		<b></b>					
Sm	all Game		<b></b>		<u> </u>			
Fis	h	<b></b>	<b></b>		<u> </u>			
1.	and all claims and agents and emp damage to prop	nd release America loyees, from any li erty, occurring on	an Ordnance LLC a iability for injury or o the said premises a	nd the Government of death of any person, in	ncluding myself, and for demnify and save harmless			
2.	I agree that this release covers any injury or death incurred resulting from any use of the said facilities, or incurred on, in, or about, or during ingress and egress to the premises. This release and indemnity and hold harmless agreement is binding on my heirs, assignees, executors, administrators, and legal representation. This release & indemnity & hold harmless agreement is binding on my heirs, assignees, executors, administrators, & legal representation.							
3.	I have read and understand MLAAP's Environmental Policy. I assume all environmental responsibility for myself, my dependents, and any guests that I may bring (Hunter initials)							
4.	I consent to my minor dependent's participation in hunting and fishing activities and will abide by the above indemnity agreement (Hunter initials)							
5.	In addition, I agree to be responsible for and to pay American Ordnance LLC and/or the Government for any damage done to Government property.							
6.	Signing of this statement does not waive any rights or benefits I may be entitled to as a member of the Armed Forces of the United States Government							
7.	"I understand that if I am allowed to take "guests" into storage areas that I assume full responsibility for their actions and will be assigned the same penalty for any violations incurred by my guests."  (Hunter initials)							
8.	Auto Liability Ins	surance □Yes	□ No(	(Hunter initials)				
9.	Driver's License	No	(copy re	equired)				
Cł	neck No.	For A Check Amount	Accounting Purpo	ses Only Date Received	d Issued By			