

**Notice:** Applicants for the Deer Management Assistance Program (DMAP) under s. 29.020, Wis. Stats., and s. NR 10.70, Wis. Admin. Code, must submit information and agree to the program terms and conditions in order to be accepted into the program per s. 23.09(2)(h), Wis. Stats.

**Section 1. Landowner Information**

- I am the sole owner of the property.
- I am one of two or more individuals (including spouses and other relatives) who own the property.

**If the property has two or more landowners, provide the names and contact information for the landowners. Use additional paper if necessary.**

<i>First, Last Name</i>	<i>Address</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Phone</i>	<i>Email Address</i>

**Section 2. Property Information**

**Town / Range / Section:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (add more sheets if necessary)

**County / Total acres:** \_\_\_\_\_ / \_\_\_\_\_ (acres)  
 \_\_\_\_\_ / \_\_\_\_\_ (acres) (add more sheets if necessary)

**Section 3. Authorized Representative**

An “authorized representative” is an individual who has received permission from a landowner(s) to act and make decisions on the landowner’s behalf concerning DMAP, including granting access to the landowner’s property by department staff for DMAP purposes.

**Would you like to authorize a representative to act and make decisions on your behalf for DMAP purposes?**

- No
- Yes – I am the sole landowner and would like to authorize an individual as my representative.
- Yes – I am one of two or more landowners and: a) would like to authorize an individual as the representative of all the landowners; or b) an individual has already been granted power of attorney for the property.

**If you answered “yes” please provide contact information for the authorized representative or trustee.**

<i>First, Last Name</i>	<i>Address</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Phone</i>	<i>Email Address</i>
				____-____-____	

#### Section 4. DMAP Program Terms & Conditions

In consideration for deer management recommendations provided by the Department, I agree to the following:

1. **Period of Enrollment.** DMAP enrollment begins upon the Department's notification that Landowner has been accepted into DMAP and terminates on February 28 of the third year following the year of enrollment.
2. **Voluntary Participation.** Participation in DMAP is strictly voluntary. Landowner(s) and Authorized Representative(s) are not required to adopt the recommendations of Department staff which are contained in the management plan.
3. **Staff Recommendations.** Information or advice provided by Department staff, including management plans, are recommendations only and do not guarantee specific results or that property objectives will be met. Department staff shall have sole discretion over the type and manner of data which shall be collected during the site visit.
4. **Enrollment Fees.** Any required DMAP enrollment fees submitted by Landowner(s) or Authorized Representative(s) are non-refundable.
5. **Participant Conduct.** Landowner(s) and Authorized Representative(s) shall comply with all federal, state and local laws, ordinances and regulations and cooperate with Department staff during DMAP enrollment.
6. **Site Visits.** Level 2 and Level 3 enrollments include eligibility for a site visit by Department staff. For a property enrolled as an Individual Property, Landowner(s) or Authorized Representative(s) must be present for the site visit. For properties enrolled in a Group Cooperative, the Primary Contact for the Cooperative must be present for the site visit. The Department shall provide Landowner(s) with 72-hours' notice prior to the site visit. Landowner(s) shall be responsible for relaying the notice to any occupants of the property.
7. **Data Collection.** Landowner(s) and Authorized Representative(s) shall collect and provide all data and information as requested by the Department. Such data/information shall be the property of the Department.
8. **Authorized Representatives.** An Authorized Representative of Landowner(s) designated in Section 3 of this Agreement shall be the primary point of contact by the Department for DMAP purposes, including sharing information, scheduling site visits and distributing materials. Authorized representative(s) will read and understand program rules and individual responsibilities. Landowner(s) shall promptly notify the Department if Landowner(s) no longer wish the designated Authorized Representative(s) to serve in this capacity.
9. **Antlerless Tags.** Any antlerless tags issued pursuant to DMAP can only be transferred in accordance with state law and regulations, and cannot be sold for more than \$6. For tags issued to private land enrollees only, the initial tag recipient shall keep records of transfers including the name and contact information of the individual who the tag is transferred to and the price of the transfer. These records should be retained for the duration of enrollment in DMAP. In the event that the private property is withdrawn from DMAP prior to this date, all unused antlerless tags shall be returned to the Department within 14 days of withdrawal without refund.
10. **Noncompliance.** Failure to comply with the terms of this Agreement may result in withdrawal from DMAP and ineligibility to participate in the program for a period not to exceed three years.
11. **Liability.** Each party shall be responsible for the consequences of and liabilities attributable to its own acts, errors, or omissions and those of its employees, agents, and representatives.

#### Section 5. Signature

By my signature, I hereby certify that I have read, understand and agree to the terms and conditions set forth in this Agreement. I also certify that all information provided in this application and attachments are accurate and complete under penalty of law.

NOTE: If submitting this request electronically, please type your name on the signature line. Your typed name, along with the email message generated from electronic submittal of this form, will be used as an electronic signature which is the legal equivalent to an actual signature.

\_\_\_\_\_  
Landowner Signature

\_\_\_\_\_  
Landowner Printed Name

\_\_\_\_\_  
Date