

**Deer Management Assistance Program  
 Landowner Agreement for Public Land,  
 Organizations, Clubs, Corporations, and Trusts**

**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. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

**Section 1. Landowner Information**

Please select one:

- The property is owned by a business, organization, corporation, partnership, company or club represented by the authorized representative identified below.
- The property is managed or owned by a trust, and the legal trustee of the property is identified below.
- The property is public land owned by a federal, state, or county agency or municipality.

**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**

Each applicant entity must submit to the Department an Authorizing Resolution (below) that is approved by the governing body of the entity which indicates the officer or employee of the entity who is authorized to act and make decisions on the landowner's behalf concerning DMAP. This individual is referred to as the "authorized representative."

**RESOLUTION**

Whereas \_\_\_\_\_ (Entity) is interested in participating in the Deer Management Assistance Program (DMAP); now therefore, be it resolved that the Entity hereby authorizes \_\_\_\_\_, \_\_\_\_\_, whose contact information is as follows:

(Agency/Organization/Club/Corporation/Trust)

(Person's Name)

(Position/Title)

Address	City, State	Zip Code	Phone	Email Address
			____-____-____	

to act as an authorized representative on behalf of the Entity for purposes of DMAP participation including:

- Signing and submitting a DMAP application and any other required DMAP documents to the Wisconsin DNR;
- Coordinating DMAP site visit(s) with the Department;
- Facilitating the transfer and distribution of DMAP antlerless tags on privately owned lands;
- Acting as a liaison between the Department and the Entity for DMAP purposes; and
- Undertaking any other necessary actions to fulfill DMAP requirements.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I hereby certify that the foregoing resolution was duly

adopted by \_\_\_\_\_ at a lawful meeting held on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_.

(Name of Adopting Body) (Month) (Day) (Year)

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

#### 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 Departments notification that Applicant/Entity 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.** DMAP enrollment fees 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, Level 3, and public land 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-hour 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.** The Authorized Representative designated in Section 3 of this document 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) shall read and understand program rules and individual responsibilities. The Entity shall promptly notify the Department if Entity of any changes to the individual who is designated as the Authorized Representative.
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 and conditions described herein 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.

\_\_\_\_\_  
Authorized Representative / Trustee Signature

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

\_\_\_\_\_  
Date