



**TRANSFER OF POSSESSION OF HARVESTED GAME ANIMAL OR WOLF
THAT REQUIRES MANDATORY FWP BIOLOGICAL INSPECTION**

Hunter Information: (Mandatory Fields)

Name (First) _____ (Last) _____ (M.I.) _____

Address _____ City _____ State _____ Zip _____

ALS Number: ___/___/___ - ___ Phone No: (____) ____ - _____ License Purchase Date: ___/___/___

Date of Harvest of Game Animal/Wolf ___/___/___ Date of Transfer of Game Animal/Wolf: ___/___/___

Recipient of harvested game animal or wolf: (Mandatory Fields)

Name (First) _____ (Last) _____ (M.I.) _____

Address _____ City _____ State _____ Zip _____

Phone No: (____) ____ - _____

Did you accompany the hunter when game animal/wolf was harvested? Yes ___ No ___

If recipient of harvested game accompanied hunter during harvest, below information can be reported at time of inspection.

Did you use the services of an outfitter? Yes ___ No ___ If yes, name of outfitter: _____

Was species harvested on private property? Yes ___ No ___ If yes, name of landowner: _____

If species harvested was a lion, did you use dogs? Yes ___ No ___ If yes, name of dog owner _____

Address _____ City _____ State _____ Zip _____

Phone No: (____) ____ - _____

Name of Dog Handler (if different than owner) _____

Wolf/Bear/Lion HD _____ Deer/Elk HD _____ Moose/Sheep/Goat HD _____ County _____

Creek Name, Mountain, etc. _____

Township ___ Range ___ Section ___ or Lat: _____ Long: _____

Sex of Species: Male ___ Female ___

I swear and affirm that the information provided on this form is true and correct and the animal or parts thereof were taken or recovered in conformance with state law and rules MCA 45-7-203.

Signature of Hunter _____ Date _____

I swear and affirm that the information provided on this form is true and correct and the animal or parts thereof were taken or recovered in conformance with state law and rules MCA 45-7-203.

Signature of Recipient _____ Date _____