

**THE CORPORATION OF THE DISTRICT OF CENTRAL SAANICH
USE OF A BOW PERMIT APPLICATION**

Issued pursuant to Firearm By-Law No. 1612

This form must be completed and the \$5.00 fee paid prior to the permit being approved.

Application Date: _____

Is this a renewal? No Yes (If yes, please attach a copy of your previous permit.)

Full Name: _____

Street Address: _____

Town/City: _____

Postal Code: _____

Phone: _____

Date of Birth: _____

Purpose: _____

Location of Use of Bow: _____

Is the property classified as *farm land (farm status)*? No Yes

Dates Permit Required: _____

*** Attach Current Site Map (Indicate area of discharge and buildings on the property)**

THIS PERMIT APPLICATION IS FOR THE DISCHARGE OF A BOW. IN ORDER TO SHOOT AT WILDLIFE, PROPER PROVINCIAL HUNTING PERMITS MUST BE OBTAINED AND UTILIZED FOR THAT SPECIES OF WILDLIFE. PLEASE PHONE 250-387-9739.

OFFICE USE	
CPIC PERSONS QUERY <input type="checkbox"/>	PRIME/PIRS PERSONS QUERY <input type="checkbox"/>
COPY OF IDENTIFICATION ATTACHED <input type="checkbox"/>	
APPROVAL BY NCO _____	DATE _____
Name & Reg. No.	