



Use this form to register your interest in undertaking the Waterfowl Identification Test (WIT).

NSW Game Hunting Licence number (if known):
(please note, this is **not** your Firearms Licence number)

--	--	--	--	--	--

A. Personal details (please use CAPITALS and write clearly)

* denotes mandatory field

Title*: (Mr/Mrs/Miss/Ms/Dr)	Family name*:
First name*:	Other given names:
Date of birth*:	Gender*: Male <input type="checkbox"/> Female <input type="checkbox"/>
Email address:	

Please provide an email address to receive important updates and alerts via email.

Phone:
Mobile:

* You **must** include at least one phone contact on your application (mobile number preferred) if you wish to be contacted by an authorised WIT tester

Address

Unit/house number*:	Street name and type*:		
Suburb*:	State*:	Postcode*:	

B. Accredited testing location

Preferred location/s
Region (if preferred location is unavailable):
<input type="checkbox"/> Orana Far West <input type="checkbox"/> New England <input type="checkbox"/> North Coast <input type="checkbox"/> Hunter/Central Coast <input type="checkbox"/> Sydney <input type="checkbox"/> Illawarra/ Shoalhaven <input type="checkbox"/> Central West <input type="checkbox"/> Far South Coast <input type="checkbox"/> ACT <input type="checkbox"/> Southern Tablelands <input type="checkbox"/> Riverina Murray <input type="checkbox"/> Other: specify _____

C. Native Game Bird Management Licence

<input type="checkbox"/> I hold a Native Game Bird Management Licence (Owner/occupier) <input type="checkbox"/> I live in the household of a Native Game Bird Management Licence (Owner/occupier) holder <input type="checkbox"/> I am an employee of a Native Game Bird Management Licence (Owner/occupier) holder	Native Game Bird Management Licence (Owner/occupier) number: _____ _____
---	--

D. Declaration

I authorise the Department of Primary Industries Game Licensing Unit to pass my contact details onto the authorised tester closest to my location for the purposes of sitting a Waterfowl Identification Test.

I also authorise the Department of Primary Industries Game Licensing Unit to forward my completed Waterfowl Identification Test to the WIT Coordinator to notify and assess test result.

I understand a course fee of \$40.00 will be payable to the Department of Primary Industries Game Licensing Unit prior to undertaking the WIT and that the fee is payable each time I attempt the WIT.

Name:	
Signature:	Date:

E. Submitting this form:

- **Mail** the form to the Native Game Bird Support Team, NSW Department of Primary Industries, PO Box 276, Tocumwal NSW 2714.
- **Fax** the form to 03 5874 3285, marked to the attention of the Native Game Bird Support Officer.
- **Email** the form to gamelicensing.southern@dpi.nsw.gov.au