



PHEASANT RELEASE PROGRAM APPLICATION FORM



PROGRAM DETAILS – PLEASE READ THOROUGHLY

Incomplete, inaccurate, or illegible information on application and maps will not be accepted for consideration.

Instructions: The completed form **with attached maps** must be submitted to FWP’s headquarters in Helena **by January 15**. Please print or type. All 5 sections must be filled out and returned with signatures. A maximum of 200 pheasants may be released per application, **depending on habitat conditions**. **Note:** FWP staff will determine the suitability of your application and how many birds the application may receive, based on size of area and habitat features. Applicants can submit multiple applications for different areas if they anticipate releasing more than 200 birds. Submit more than 1 application for release sites that are more than 5 miles apart.

More program information and FWP’s mailing address are located on page 4.

1. CONTACT INFORMATION

Name of individual or organization: _____

Contact person, if organization: _____

Mailing Address: _____

City, State: _____ Zip: _____

Telephone: _____ Email: _____

2. STATE YOUR WILDLIFE GOAL(S). Why do you want pheasants released on your property? (Establish pheasants, hunting, personal enjoyment, etc.)

Did you release pheasants last year under this program? Yes _____ No _____

3. PHEASANT ESTABLISHMENT AND HUNTING AREA

Map Instructions: As a part of this application, please submit aerial photos/maps depicting (1) **habitat components** and (2) **public access**. Specifically, maps will **delineation** (1) **specific habitat cover types** (e.g., winter cover, CRP, wetlands, grain fields/food sources, woody vegetation, set aside areas, etc.) and (2) **property boundaries** delineated to show areas open to public hunting. Approximate acres or percentages must be reported on the habitat map. **Maps that are incomplete, inaccurate, or illegible will not be accepted for consideration.**

Legal name of property, if applicable: _____

Example: Lazy Heart Ranch

County: _____ Total acres open to public hunting: _____

Do you own the property where the release will take place? Yes _____ No _____

If you do not own the property where the release will occur, complete the following information:

Owner's Name: _____
Address: _____
City, State, Zip: _____ Telephone: _____
Note: The Landowner's signature is required at the end of this application.

Release site(s): Legal Description and Acres: T____, R____, S____, ¼ ____ Acres: _____

Minimum of 160 contiguous acres per release site; 80 contiguous acres acceptable if a viable habitat base will support a pheasant population.

T____, R____, S____, ¼ ____ Acres: _____

T____, R____, S____, ¼ ____ Acres: _____

T____, R____, S____, ¼ ____ Acres: _____

Is the property currently enrolled in Block Management? Yes _____ No _____

If Yes, name of Block Management Area: _____

4. PHEASANT REARING

Please check one of the following:

() Birds will be raised to 10 weeks or older by the landowner

or

() 10 week or older birds will be purchased from another source.

Name of the hatchery or commercial pheasant raiser where eggs or birds will be obtained:

Do not leave the above section blank. (For more details, refer to the attached Helpful Info page (page 4) "Where to obtain 10-week old pheasants").

If you would like to assign payment for released pheasants to someone other than the landowner, please list his or her information below:
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

5. HUNTING PERMISSION

The **Pheasant Release Program** requires that all pheasant releases occur on land open to free public upland game bird hunting during the fall hunting season. The general location of the release site and acres open to hunting are published annually in the *Upland Game Bird Enhancement Program Project Access Guide*. The Guide also includes landowner contact information for hunters to obtain permission prior to their hunt. Please provide FWP with your preference for how to be contacted by hunters by selecting **the most appropriate (only 1)** option below. If appropriate, include days of the week and time frames. The information you provide below will be published in the annual Guide.

- Permission is handled through the Block Management Program.
- By phone, during the hours of _____ to _____; on days of the week _____ through _____; at phone number(s): _____.
Are reservations taken? ____ Yes ____ No
- In person, during the hours of _____ to _____; on days of the week _____ through _____; at physical address: _____.
Are reservations taken? ____ Yes ____ No
- By email, at email address: _____.
Are reservations taken? ____ Yes ____ No
- Walk-in hunting allowed with no further permission required.
- Contact information is available onsite and through FWP Regional Offices.
- Other: _____.

The purpose of this release program is to establish or enhance pheasant populations in suitable habitats. Beginning in 2013, applicants may be eligible to participate in this program for up to 5 consecutive years.

I, the undersigned, am aware of the following obligations and requirements concerning enrollment in this program:

1. I am required to allow a reasonable amount of free public upland game bird hunting.
2. I cannot charge for hunting or access to the acres enrolled in this program.
3. For the purposes of documenting hunter use, the Department may require the Cooperator to keep a record of upland game bird hunter use.
4. The area will be signed by FWP showing it is enrolled in the Pheasant Release Program. Signs must remain in place for the entire hunting season following the release.
5. The location of the project and landowner's contact information, or designated contact person, will be published in the annual *Upland Game Bird Enhancement Program Projects Access Guide*.
6. All birds released must be at least 10 weeks old and fully feathered.
7. No more than 40% of the released birds may be roosters.
8. Violation of the terms of any agreement entered into as a result of this application will require repayment to FWP of funds expended under the program.

Applicant's signature _____ Date _____

If different from the Applicant, the Landowner indicates their agreement for the release and their willingness to comply with the program requirements listed above.

Owner's signature _____ Date _____

**ENSURE PROGRAM
CONSIDERATION!**

Make sure your application package is legible, accurate, and complete:

- ✓ All fields in the application are legibly and accurately filled-out
- ✓ Maps contain all of the following:
 - Release sites with specific cover types (winter cover, nesting cover, and food sources) delineated on an aerial photo covering the land on which the birds are to be released. Provide acreages or percentages of these cover types on your map.
 - Property boundaries delineating acreage open for public access.
- ✓ Send your completed and signed application and maps, postmarked no later than **January 15** to:

**Montana Fish, Wildlife & Parks
1420 East Sixth Avenue
P.O. Box 200701
Helena, MT 59620-0701
Attn: UGBEP**

**INCOMPLETE,
ILLEGIBLE, OR
INACCURATE
APPLICATIONS WILL
NOT BE CONSIDERED.**

Helpful Information:

Thank you for your interest in the Upland Game Bird Release Program. The purpose of this program is to help landowners and other interested individuals establish pheasant populations in suitable habitats.

Habitat needs for pheasants:

To be considered for authorization, habitat must be available within one mile of each release site that consists of at least:

- 10% permanent winter cover such as woody vegetation, cattail marsh, tall cover
- 25% idle cover such as undisturbed vegetation 10 or more inches high. Idle nesting/security cover acres must be present on the release site.
- 10% food sources, such as cultivated grain

Release sites are normally a minimum of 160 contiguous acres. Release sites as small as 80 contiguous acres will be considered on a case-by-case basis and may be authorized if the acreage involved would provide a viable habitat base for the number of birds authorized to be released.

Where to obtain 10-week old pheasants:

Please contact the program coordinator to receive a list of Montana pheasant raisers. Call 406-444-5674 or by email at dhohler@mt.gov

