

Application for Hunting/Fishing Permit (MLAAPR 420-2)

(Section A – Privacy Information)

1. Authority: Privacy Act of 1974, as amended, 5 U.S.C. Section 552a
2. Principal Purposes: Obtain pertinent information upon which to authorize issue of installation seasonal hunting/fishing permit. All applicants must possess State of Tennessee Hunting/Fishing License and Hunter Safety Certification before MLAAP permit can be issued. Will be protected from unauthorized access or use. Information within this form will be destroyed when no longer needed.
3. Routine Uses: To assure the applicants are eligible to hunt/fish on MLAAP.

(Section B – Application)

1. Request a season permit be issued to hunt and fish on the Milan Army Ammunition Plant. I hereby agree to abide by MLAAPR 420-2, Hunting, Fishing and Trapping Regulations, and applicable provisions of Federal and State Game and Fish Laws. Any violation or infraction thereof may result in the revocation of this permit and subject me to such disciplinary action as may be appropriate.

Name	Hunter Category *	Home Address	Work Phone No.
Hunter Safety Date	Orientation Date	TBI or Carry Permit Date	Home or cell No.

* **Category:** employee, retired employee, RIF employee, public, special exception, active military, retired military, disabled veteran (**Color copy** of military I.D. card required)

2. Sportsman Hunt License No. _____ State Hunt License No. _____
3. Migratory Waterfowl License No. _____ Federal Stamp _____
4. Lifetime License No. _____
5. Big Game Archery License No. _____ **NOTE: Copies of all licenses required for verification**
6. Big Game Muzzleloader License No. _____
7. Big Game Gun License No. _____
8. Check or M.O. payable to U.S. Treasury accompanies this application. **CASH NOT ACCEPTED. (NOTE: \$5.00 processing fee only for changes made to original permit)**

(Mark applicable box that applies)

- Fishing (\$15.00 per individual, season & **See exceptions below***)..... _____
- Small Game (\$15.00 per individual, all seasons)..... _____
- Migratory Waterfowl (\$15.00 per individual, season)..... _____
- Turkey (\$25.00 per individual, all seasons)..... _____
- Deer – Archery (\$25.00 per individual, all seasons) _____
- Deer – Muzzleloader (\$25.00 per individual, all seasons) _____
- Deer – Gun (\$25.00 per individual, all seasons) _____
- Sportsman - (\$80.00 per individual, includes all hunting & fishing) _____
- Senior Sportsman – (\$10.00 per individual (**65 yrs & older**; all hunting & fishing) _____

* **Fishing Exceptions: (children - no fee under 12 yrs; 12 – 18 yrs = 10.00)**

9. Request each legal dependent, including age, license number, and hunter safety course issue date listed on the back of this application be included on my permit to hunt.
10. I have read and agree to the Waiver and Release of Tort Claims and Indemnity Agreements contained on the reverse of this form.
11. _____

Signature of Applicant **Date** **DOB: Date of Birth**

- Will read MLAAP Regulations on website** **Need copy of MLAAP Regulations w/permit**

(Section C – Assignment)

Permit No. _____ Date: _____ Issued By _____

Approved By _____

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Eligible Dependents: Spouse and children 22 years of age or younger

(Mark applicable box and attach copies of all licenses)

	Spouse	Child	Child	Child
Name	_____	_____	_____	_____
DOB: (for hunters)	_____	_____	_____	_____
Orientation Date	_____	_____	_____	_____
Hunter Safety Date	_____	_____	_____	_____
TBI or Carry Permit Date	_____	_____	_____	_____
(hunters 18 & older)	_____	_____	_____	_____
Sportsman Lic. #	_____	_____	_____	_____
State License #	_____	_____	_____	_____
Deer (Bow) Lic #	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Deer (Muzzle) Lic #	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Deer (Gun) Lic #	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Turkey	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Small Game	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Waterfowl	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Fish	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Waiver and Release of Tort Claims and Indemnity Agreements

1. Upon entering the Milan Army Ammunition Plant for the purpose of hunting and/or fishing. I waive any and all claims and release American Ordnance LLC and the Government of the United States, its agents and employees, from any liability for injury or death of any person, including myself, and for damage to property, occurring on the said premises and hereby agree to indemnify and save harmless American Ordnance LLC and the United States Government from any such liability. This release & indemnity & hold harmless agreement is binding on my heirs, assignees, executors, administrators, & legal representation.
2. I have read and understand MLAAP's Environmental Policy. I assume all environmental responsibility for myself, my dependents, and any guests that I may bring. _____ (Hunter initials)
3. I consent to my minor dependent's participation in hunting and fishing activities and will abide by the above indemnity agreement. _____ (Hunter initials)
4. In addition, I agree to be responsible for and to pay American Ordnance LLC and/or the Government for any damage done to Government property.
5. Signing of this statement does not waive any rights or benefits I may be entitled to as a member of the Armed Forces of the United States Government
6. "I understand that if I am allowed to take "guests" into storage areas that I assume full responsibility for their actions & will be assigned same penalty for any violations incurred by my guests." _____ (hunter initials).
7. Auto Liability Insurance Yes No _____(Hunter initials)
9. Driver's License No. _____ (copy required)

(For Accounting Purposes Only)

Check No.	Check Amount	Date Received	Issued By
_____	_____	_____	_____
_____	_____	_____	_____