



DNR INSPECTION OF TAXIDERMISTS RECORDS & PREMISES REPORT

Taxidermists Name _____

Business Name _____

Address _____

Phone _____

E-Mail _____

Taxidermy Permit# _____ Expiration Date _____

Inspection Information

Date _____ Arrival _____ am / pm Duration _____ hr(s) _____ min

Name of DNR Warden(s) _____

What was Inspected Records Freezers Storeroom

Other _____

Violation(s) Found _____

Description of Inspection

Warden Professional? Yes or No Informative? Yes or No

Do you have any complaint's or suggestion's on how the inspection was performed?

A copy of this report should be forwarded to the President of the Wisconsin Taxidermists Association (WTA), whom will enter it into the WTA's records and forward the form to the DNR Chief Law Enforcement Officer in Madison.

No action will be taken by the WTA unless this form is dated and signed by the taxidermist.

Signature _____ Date _____