



**MINISTRY OF ENVIRONMENT, FORESTRY AND TOURISM
Directorate Scientific Services**

Private Bag 13306, Windhoek, NAMIBIA
Tel +264 61 2842111

**APPLICATION FOR REGISTRATION AS NIGHTCULLING TEAM OR
NIGHT CULLING UNIT**

Please indicate: Keep at reception Mail

- Type of application (please tick ✓)
- Night culling team (First application) (N\$ 500.00)
 - Night culling unit (First application) (N\$ 500.00)
 - Renewal of registration

Details of applicant (preferably to be completed by team leader)

Name of Night culling Team: _____

Identification number: _____

Postal address: _____

Tel: _____ Email: _____

FARM NAME	NUMBER	DISTRICT

(Table Applicable to night culling units only)

Signature: _____ Date: _____

***** **NOTICE TO APPLICANT** *****

Please complete and attach the documents required in a legible manner and in **English** only.
Applications will **NOT BE PROCESSED UNLESS ALL INFORMATION IS PROVIDED**. Permit office staff **will not contact applicants to provide information-** it will be kept until **all** information is submitted.

First applications for teams/units:

- Attach detailed list of team members and their responsibilities as well as equipment
- Attach list of new marksmen to be tested
- Provide night culling permit number in case of testing Permit nr.
- Proof of payment

Applications for renewal of an expired certificate:

- Attach a copy of certificate
- Provide shooting lists
- Attach detailed list of team members and their responsibilities as well as equipment
- Attach proof of payment
- Provide night culling report backs for units

FOR OFFICE USE ONLY

RECOMMENDATIONS: _____

CONDITIONS: _____

APPROVED / NOT APPROVED

Signature _____ Date _____