

HUNTER-HARVESTED DEER CWD TESTING SUBMISSION FORM
Please complete as fully as possible. Results will be held for incomplete forms.

HUNTER INFORMATION		KILL INFORMATION	
Name		Landowner name	
Mailing/Billing Address		Mailing Address	
County		County	Section
Telephone		PROCESSOR/LOCKER INFORMATION	
Hunter permit number		Name	
Taken with: <input type="checkbox"/> Shotgun <input type="checkbox"/> Muzzleloader <input type="checkbox"/> Bow <input type="checkbox"/> Handgun		Address	
Date of kill		Telephone	

I understand that there is a \$50.00 charge for this testing and that I will receive a statement from the Illinois Department of Agriculture for these services.

Hunter signature _____ Date: _____