



**HUNT APPLICATION/PERMIT National Wildlife  
Refuge System**

**Upper Mississippi River National Wildlife and Fish  
Refuge 7071 Riverview Rd Thomson, IL 61285  
<https://www.fws.gov/refuge/upper-mississippi-river>**



**PERMIT** (*Refuge Use Only*) Deer Hunt

Application Permit Number/Type: DISABILITY

Valid for Season: November 15-16, 2025

Follow instructions in the refuge hunt publication; not all fields may be required. Read and comply with all refuge regulations, including application deadlines. All information must be received by or postmarked by close of business Thursday July 31, 2025.

- ☒ Day Hunting Authorized  
☐ Night Hunting Authorized  
☒ Lottery Application (This application serves as lottery submission, Lottery Deadline: Thursday July 31, 2025).  
☐ Mobility Impaired Blind Reservation (requires refuge verify proof of disability), mark if an accessible site is required.

**Hunt Permit Application**

**License Type**

**State Issued Hunter Ident./License No.**

Date of Application \_\_\_\_\_

**Method** (*Check all that apply*)

- ☐ Shotgun  
☐ Muzzleloader

**Species Permit Type** (*Check all that apply*)

- ☒ Deer ☐ Turkey ☐ Feral Hog ☐ Migratory Bird ☐ Waterfowl ☐ Raccoon  
☐ Opossum ☐ Youth Turkey ☐ Youth Hunt ☐ Other (*Describe*)

**Primary Hunter Contact Information**

Full Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime Phone (Incl. Area Code) \_\_\_\_\_

Cell Phone (Incl. Area Code) \_\_\_\_\_

Email Address \_\_\_\_\_

**Primary Hunter Assistant (required)** [Identify whether assistant is hunting or non-hunting, if hunting see below]

1. \_\_\_\_\_

2. \_\_\_\_\_

Complete the following if assistant IS hunting:

**State Issued Hunter Ident./License No.** \_\_\_\_\_

Hunting Assistant Information:

Mailing Address \_\_\_\_\_

Cell Phone (Incl. Area Code) \_\_\_\_\_

The 2025 season is a 2-day hunt from Saturday, November 15, 2025 to Sunday, November 16, 2025. All hunters, attendants and accompanying individuals must complete a mandatory orientation and safety training to become familiar with the hunt area, safety regulations and access restrictions. Training and orientation will be completed at the Lost Mound equipment storage building (3159 Crim Dr., Savanna, IL 61074), on an individual basis within the following time frames: for disability hunt participants on November 14 from 8am to 4pm.

**Important Additional Information**

Please see attached special conditions.

*I have read and understand the refuge hunt regulations and agree to abide by the regulations governing hunting on the refuge.*

Hunter Signature \_\_\_\_\_

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

(Required for hunters less than 18 years old)

**-- FOR USFWS USE ONLY --**

Date Received: \_\_\_\_\_ ☐ Payment Exempt/No Fee ☐ Payment Required Payment Amount: \_\_\_\_\_

Payment Type: ☐ Personal Check ☐ Cashier's Check ☐ Money Order ☐ Other: \_\_\_\_\_

Notes: \_\_\_\_\_

## NOTICES

All information you provide will be considered in reviewing this application. False, fictitious, or fraudulent statements or representations made in the application may be grounds for revocation of the permit and may be punishable by fine or imprisonment (18 U.S.C. 1001).

### PRIVACY ACT STATEMENT

**Authority:** The information requested is authorized by the National Wildlife Refuge System Administration Act (16 U.S.C. 668dd-ee) as amended and the Refuge Recreation Act (16 U.S.C. 460k – 460k-4, 640K-3, & 664).

**Purpose:** The collection of personal information is to verify that an individual is eligible to receive a permit to conduct monitored activity on areas within the National Wildlife Refuge System, national fish hatcheries, and other conservation areas administered by the Secretary of the Interior for fish and wildlife purposes.

**Routine Uses:** The individual's information will be used to verify permit status, provide permittees with permit-related information, and monitor activities conducted under a permit. This information may be shared in accordance with the Privacy Act of 1974 and the routine uses listed in the System of Records Notices: FWS-5 National Wildlife Refuge Special Use Permits; FWS-21 Permits System; FWS-10 National Fish Hatchery Special Use Permits.

**Disclosure:** Providing the information is voluntary; however, as a requirement for maintaining a Federal permit under the National Wildlife Refuge System Administration Act, failure to disclose the requested information may be sufficient cause for revocation of the permit.

### PAPERWORK REDUCTION ACT STATEMENT

We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*) to provide the refuge managers the information needed to decide whether or not to allow the requested use, and to respond to requests made under the Freedom of Information Act and the Privacy Act of 1974. The information that you provide is voluntary; however, submission of the requested information is required to evaluate the qualifications, determine eligibility, and document permit applicants. Failure to provide all required information is sufficient cause for the U.S. Fish and Wildlife Service to deny a permit. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB control number. OMB has approved this collection of information and assigned OMB Control No. 1018-0140.

### ESTIMATED BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Service Information Clearance Officer, U.S. Fish and Wildlife Service, 5275 Leesburg Pike, MS: PRB (JAO/3W), Falls Church, VA 22041-3803, or via email at [Info\\_Coll@fws.gov](mailto:Info_Coll@fws.gov). Please do not send your completed application to this address.

***APPLICANT DOES NOT NEED TO PRINT OR RETURN THIS PAGE***