

# 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 \_\_\_\_\_