

**Cape Lookout National Seashore
Special Use Permit Registration**

2015-2016 Duck Blind# _____ Date Issued _____

(Please complete – Print or Write Clearly)

Name: _____

Address: _____

Phone: Home (____) _____ Business (____) _____

Email: _____

Photo I.D. Number: _____ Type: _____

Date of Birth: _____ \ _____ \ _____

Hunting License Number: _____

Federal Duck Stamp: Yes Signed

Approximate Location of Duck Blind:
(Blind location name(s) from map or permittee)

Did you have a blind permit last year? Yes No How many? 1 or 2

Did you construct the blind(s) on the permit locations? Yes No

Did you remove the blind(s)? Yes No

When did you remove your blind(s)? _____

Signature _____