PRIVACY ACT STATEMENT
DATA REQUIRED BY THE PRIVACY ACT STATEMENT OF 1974

AUTHORITY:	Army Europe Regulation 215-145
PRINCIPAL PURPOSE(S):	This form is a U.S. Forces form that, when completed, provides pertinent information about a request from the initiator
ROUTINE USE(S):	Information furnished will not be disclosed to agencies outside of U.S. DoD and German Forest Offices
DISCLOSURE:	Disclosure of personally identifiable information is voluntary. However, this form cannot be processed without providing the requested information.

HUNTING REQUEST FOR CLOVEN HOOFED GAME

ANTRAG FUER DEN ABSCHUSS VON SCHALENWILD

Please send request(s) no later than the published deadline

To/An
IMCOM-Europe
Hunting, Fishing & Sport Shooting Office
Sembach Kaserne, Geb 151
67681 Sembach
DSN: 544-9888 Commercial +49-061143-544-9888

Date/*Datum*_____
YYYY / MM / DD

I request a hunt for: _____
Examples: (Red stag I, II, III/fallow stag I, II, III/mouflon ram/chamois).

Hiermit beantrage ich eine Jagd wie Oben angedeutet:
Beispiel: Examples: (Hirsch der Klasse I, II,III/Damhirsch der Klasse I, II, III/Muffel Widder/Gamswild Abschuss)

Preferred hunting date (range) / *Bevorzugte Jagdzeit:*_____

Preferred Forest Office/State / *Bevorzugtes Forstamt/Land*:_____

My rank, name and German address including German Postal Zip Code / _____
Mein Rang, Name und deutsche Anschrift mit PLZ
_____

My Military Address /
Meine Militaer Anschrift: _____
_____

My E-mail Address /
Meine E-mail Addresse: _____

My Duty Phone with German Prefix
Mein Diensttelefon mit Vorwahl: _____

My cell phone and home phone with prefix
Mein Handy und Privattelefon mit Vorwahl: _____/_____

My HFSS Membership Card # / *Meine HFSS Mitglieds #:* _____ **Expiration Date** / *Gültig bis* _____
YYYY / MM / DD

I am a member of the US Forces stationed in Germany
Ich bin Mitglied der in Deutschland stationierten US Streitkräfte: ____ ____
Yes / *Ja* **No** / *Nein*

I am a member or family member of below listed Military Forces stationed in Germany / *Ich bin Mitglied folgender in Deutschland stationierten Streitkräfte.*
☐ **US Forces** ☐ **Other (Explain)**_____

I possess a valid German Foreigners Hunting License. / *Ich bin im Besitz eines gültigen deutschen Ausländer-Jagdscheins.*

Valid from / *Gültig von:* _____ **until** / ***bis***: _____
YYYY/MM/DD YYYY/MM/DD

Issued from the Lower Hunting Authority in / *Ausgestellt von der Unteren Jagdbehörde in:*_____

_____ _____
Signature / *Unterschrift* **Date/***Datum*

Instructions: Complete all information requested above. Sign, date, and scan this request, and send the scanned document via email to: rafael.s.wunsch.naf@mail.mil and Ulrich.g.sibbers.ctr@mail.mil