Michigan Department of Natural Resources – Wildlife Division

REQUEST TO TRANSFER BEAR DRAWING SUCCESS

Issued under the authority of Part 401, Act 451 of the Public Acts of 1994, of the Michigan Compiled Laws. Any person who violates this part, or an order issued under this part, is guilty of a misdemeanor punishable by imprisonment for not more than 90 days, or a fine of not less than $50.00 or more than $500.00, or both, and the costs of prosecution.

FOR DNR USE ONLY
Initials / Date

Individuals who are drawn for a Michigan bear hunting license may transfer their drawing success to an unsuccessful youth applicant or to any a person with an advanced illness as defined by the Public Health Code. *NOTE: Drawing success cannot be transferred if the donor has purchased his or her hunting license.*

It is unlawful for an individual to receive a fee, other consideration, or service of value, either directly or indirectly, for transferring drawing success to another person, or assisting and/or guiding that person in the hunt which has been transferred.

To be completed by the person requesting to transfer drawing success.
Please type or print all information.

SECTION I – TRANSFER DONOR INFORMATION

Donor Name	Michigan Driver's License or I.D. #	Michigan DNR Sportcard # (if no MI DL or I.D.)
Street Address	Email* **Permission to share email address with recipient? ☐ Yes ☐ No**	
City, State, ZIP	Date of Birth	Daytime Telephone (with Area Code) ( )
Hunt (Unit and Dates)	Have you purchased your license? ☐No ☐Yes - If yes, date voided:	

Complete this section to name a specific individual to receive the transfer, or leave blank to transfer the hunt to an individual on the Michigan DNR transfer waiting list (Note: transfer will be processed only if an individual is available and willing to accept the hunt you have donated). Please type or print all information.

SECTION II – TRANSFER RECIPIENT INFORMATION

Recipient Name	Michigan Driver's License or I.D. #	Michigan DNR Sportcard # (if no MI DL or I.D.)
Street Address	Email*	
City, State, ZIP	Date of Birth	Recipient's Daytime Telephone (with Area Code) ( )

Recipient Eligibility Requirements (must check one of the following):

☐ Person with an advanced illness - must attach a completed *Physician Certification of Advanced Illness* form (PR2564)

☐ Youth - must be age 10-16 and an unsuccessful applicant in the current year's drawing

I certify that the above information is true and accurate to the best of my knowledge.

_____ _____ or _____ _____

Donor Signature *Date* *Legal Guardian or Representative Signature* *Date*

☐ Parent or Legal Guardian
☐ Legal Power of Attorney
☐ Executor of Donor's estate
☐ Surviving Spouse
☐ Other: _____

* Your email address may be used to communicate with you regarding this transfer request.

All personal information provided to the DNR regarding this transfer shall be kept confidential.

Completed form must be received at the following address by August 1. Recipient will be notified when the transfer has been processed. Retain a copy of this form for your records.

TRANSFER COORDINATOR – DRAWINGS
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