



2017
MAIL ORDER
PREFERENCE POINT ONLY
APPLICATION

Fax this application to 503-947-6113 OR 503-947-6117.

We are unable to accept telephone orders.

Application Period: July 1—Nov. 30, 2017

MARK STATUS: Non-resident
 Resident Driver License # _____

Issue Date _____

Initials _____
DEPARTMENT USE ONLY

PHOTOCOPIES OF THIS PAGE *MAY* BE USED.

MAIL TO: ODFW Controlled Hunts 4034 Fairview Industrial Drive SE
Salem OR 97302

LAST NAME (Please Print) FIRST MI

--	--	--	--	--	--	--	--	--	--

MAILING ADDRESS

SOC. SEC. NO. (required if not in ODFW system)

--	--	--	--	--	--	--	--	--	--

CITY STATE ZIPCODE

Hunter/Angler ID Number

--	--	--	--	--	--	--	--

DAYTIME PHONE NUMBER EMAIL ADDRESS

Date of Birth (MM-DD-YYYY)

MALE FEMALE

- You may purchase one Point Saver for the current year, for each series (100, 200, 400, 600 and 700) from **July 1 through Nov. 30** if you did not apply during the controlled hunt drawing for that series.

- License, tag, application and agent fees are **NOT REFUNDABLE.**

QUESTIONS? CALL 503-947-6101

CONTROLLED HUNT POINT SAVER

APPLICATIONS

To apply for point saver(s), you must have purchased a 2017 hunting license or must purchase one at this time.

Check each desired hunt series type
Application fee is \$8.00 per hunt series.

Also include a \$2.00 Shipping and handling fee.

↓ Preference Point Only ↓

- | | | |
|--|----------------------------------|---------|
| <input type="checkbox"/> Controlled Buck Deer
(100 series) | <input type="text" value="199"/> | \$ 8.00 |
| <input type="checkbox"/> Controlled Elk (200 series) | <input type="text" value="299"/> | \$ 8.00 |
| <input type="checkbox"/> Controlled Pronghorn Antelope
(400 series) | <input type="text" value="499"/> | \$ 8.00 |
| <input type="checkbox"/> Controlled Antlerless Deer
(600 series) | <input type="text" value="699"/> | \$ 8.00 |
| <input type="checkbox"/> Controlled Spring Bear
(700 series) | <input type="text" value="799"/> | \$ 8.00 |

Subtotal \$ _____

Include \$2.00 Shipping and Handling Fee

Grand Total \$ _____

PAYMENT METHOD: (PLEASE DO NOT SEND CASH)

Check/Money Order to ODFW enclosed or MasterCard Visa Discover ↓

Credit Card number _____ Exp. Date _____ CVC # _____

Signature _____