STATE OF UTAH
NATURAL RESOURCES
Division of Wildlife Resources

AMENDMENT FORM

ADD TO or REMOVE FROM a GROUP

Mail to: UWAS, PO BOX 30389, Salt Lake City, UT 84130-0389 **OR** Overnight Mail to 185 N Maine St., Fallon, NV 89406

CHECK CURRENT PROCLAMATION FOR AMENDMENT DEADLINE FOR THE DRAW APPLICATION YOU ARE AMENDING.

There is a $25.00 processing fee for each amendment. Please provide credit card information at the bottom of this form. ***No Checks will be accepted for payment.*** Amendments to applications that cause rejection may not be processed by the division. If you have questions regarding this amendment form, please call (800) 221-0659.

Step #1) Person requesting amendment:

Customer ID # or SSN	Last Name	First Name	M.I.	Date of Birth

Day Phone Number	Mailing address
( )	

Step #2) Which draw is this amendment for:

Big Game

☐ General Deer; ☐ Limited Entry Deer; ☐ Limited Entry Elk; ☐ Limited Entry Pronghorn; ☐ Youth Elk

Antlerless

☐ Deer; ☐ Elk; ☐ Pronghorn

Step #3) This amendment is for: (please check **one** of the following)

☐ Addition of a Group member***** (*go to Step #4*) **OR** ☐ Removal of a Group member** (*go to Step #5*)

***If your amendment is to add an individual(s) to your application, all individuals MUST already have submitted an application by the application deadline date. NO EXCEPTIONS.**

****Removal of a member from a group DOES NOT remove the individual's application from the drawing. The individual will still have a valid application with the hunt choices originally submitted for the group.**

Step #4) Addition of a Group Member – Provide the following information for **ALL** group member(s) to be ADDED:
(If adding more than two individuals to your group, please provide the same information for additional group members on the back of this form.)

	Customer ID # or SSN	Last Name	First Name	M.I.	Date of Birth
1.					
2.					

Total number of applicants in group after addition of member(s): _____

Step #5) Removal of a Group Member - Provide the following information for **ALL** group member(s) to be REMOVED:
(If removing more than two individuals from your group, please provide the same information for additional group members on the back of this form.)

	Customer ID # or SSN	Last Name	First Name	M.I.	Date of Birth
1.					
2.					

Total number of applicants in group after removal of member(s): _____

This form **MUST** have a notarized signature. (Amendments received without a notarized signature will be returned to you.)

Notary Public:

X_____ _____ X_____ _____

Signature of individual requesting amendment Date Notary Signature Date

ENTER CARD NUMBER WITHOUT SPACES OR DASHES

CARD NUMBER																EXP DATE				

PRINT CREDIT/DEBIT INFORMATION AS IT APPEARS ON THE CREDIT/DEBIT BILLING STATEMENT:

NAME _____

ADDRESS _____

CITY_____ STATE _____ ZIP CODE _____

X _____ DATE_____

Cardholder Signature

For Division use only: **Revised 04/2008**

Rcv'd _____ App # _____ Date Processed _____ Processed By _____ Date Statused _____ Statused By _____