INSTUCTIONS: Copy and attach additional pages if necessary. Incomplete forms are returned and may delay the issuance of your permit. A copy of this itinerary must be on file with the Department's License and Revenue Branch, PO Box 944209, Sacramento, CA 94244-2090. Additionally, a copy of this itinerary must be attached to your permit. Permittees shall submit itinerary changes to the Department at least 72 hours prior to entry. For further assistance, please contact (916) 928-5846 or SPU@wildlife.ca.gov.

TYPE OR PI	RINT CLEAR 'S FIRST NAM	LY NF	M.I.	LAST NAME			
BUSINESS NAME				PERMIT NUMBER (If applicable)			
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		PE	RFORMA	NCE LOCATION			
OPENING DATE	CLOSING LOCATION NAME DATE (School, Fairground, Park, etc.)		Pŀ	HYSICAL ADDRESS	CITY	STATE	ZIP CODE