



WILDLIFE DIVERSITY PROGRAM REQUEST FOR REVIEW

Name of Company: _____

Permitting Agent: _____

Date: _____

Phone Number: _____

Email Address: _____

Client: _____

Parish (es): _____

Prospect Name: _____

(Submitted on 1:24,000 Scale Topo Map (s) and on 8 1/2 X 11" Map)

Name of Topo's submitted: _____

DO NOT WRITE BELOW ABOVE LINE: FOR DEPARTMENTAL USE ONLY

Date Received: _____ Date Approved or Restricted: _____

Restrictions: _____

Approved by: _____

This permit is not valid on any state lands or water bottoms until appropriate permit fees have been paid to the Louisiana Department of Natural Resources, Office of Mineral Resources (LDNR). Furthermore, proof of fee payment to LDNR will be required prior to commencement of any field activities.

Any Line or Project change must be submitted with a new request for review and a map showing the location of the line or project.