

August 2019

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DMQ Approved Witness reference form

This form should be completed by the applicants chosen referee and **returned to the applicant**

Name of applicant to which this reference relates

Full name of referee

Address

Phone Mobile

E-mail

Are you a current (please tick ✓) DMQ Assessor DMQ Verifier DMQ Approved Witness

Please give you DMQ Approved Witness Number

How long have you known the applicant?

What if any, is your relationship to the applicant?

Have you accompanied the applicant stalking during the last 3 years? Yes No

Have you witnessed the applicant hygienically gralloching a deer? Yes No

Have you witnessed the applicant locating and checking lymph nodes? Yes No

The lymph nodes this question relates to are all those required to be checked within a DSC2 cull record.

Please detail below what you know of the applicant's deer related experience indicating why you think they would be suitable to act as an Approved Witness within the DMQ system.

Name *Block capitals*

Signature

Date

Your typed name above will be deemed as an electronic signature