

July 2021

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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 your DMQ Approved Witness Number

How long have you known the applicant?

What if any, is your relationship to the applicant?

How long have you been an Approved Witness?

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.

Why do you think the applicant would be suitable to act as an Approved Witness?

Name *Block capitals*

Signature

Date

Your typed name above will be deemed as an electronic signature.

Please note: DMQ may wish to contact you to gain more information regarding the reference you have given for this applicant wishing to become a DMQ Approved Witness.