

FOR OFFICE USE ONLY

PROCESS DATE:\_\_\_\_

PERMIT NO:\_\_\_\_\_

Dist. Approval form attached?

NO

YES

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-7324 | FAX: 307-777-6593 | EMAIL: agrtshelpdesk@wyo.gov

	TECHNICAL SER	VICES DIVISION						
GUNNER/PILOT PERMIT APPLICATION								
PLEASE CHOOSE (CHECK ONE):	NEW APPLICATION	RENEWA	L					
PERMIT TYPE (CHECK All APPLIED):	GUNNER	PILO	т					
CURRENT PERMIT NUMBER (IF RENEWIN	NG):							
PERMIT APPLICANT INFORMATION								
NAME:								
LAST		FIRST		_	M.I.			
MAILING ADDRESS:								
STREET		CITY	STATE		ZIP			
PHYSICAL ADDRESS:		CITY	STATE		ZIP			
PHONE: ()	EMAIL:							
REASON FOR CONTROL/ SPECIES REQUESTED								
REASON FOR CONTROL (CHECK ONE):	WILDLIFE	LIVESTOCK	HEALTH	ALL				
SPECIES & NUMBER REQUESTED:	GREY WOLF	СОУОТЕ	RED FOX					
COUNTY AUTHORIZATION INFORMATION								
Applicants must submit a separate  DISTRICT APPROVAL FORM  for each County Predator District  signed by either the  President, Vice President or  Secretary-Treasurer								
CONSENT STATEMENT								
YOUR SIGNATURE BELOW INDICATES THAT YOU: HAVE READ AND UNDERSTAND ALL APPLICABLE WYOMING STATUTES AND REGULATIONS; AGREE TO								
ABIDE BY THE LAWS AND REGULATIONS SET FORTH THEREIN; UNDERSTAND EACH SECTION OF LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. <b>NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.</b> I understand that the Director of Agriculture may								

revoke my permit for the reasons specified in the Chapter 14 rules of the Wyoming Department of Agriculture.



	FOR OFFICE USE ONLY
	ification Date: mit #:
Dat	e written approval sent
to a	pplicant:

2219 CAREY AVE | CHEYENNE, WY 82002 | PHONE: 307-777-7324 | FAX: 307-777-6593 | EMAIL: agrtshelpdesk@wyo.gov

## PREDATOR MANAGEMENT DISTRICT APPROVAL FORM

APPLICANT OR PERMITTEE INFORMATION							
NAME:							
LAST	FIRST		M.I.				
MAILING ADDRESS:	CITY	STATE	ZIP				
PHYSICAL ADDRESS:	CITY		ZIP				
STREET	CHY	STATE	ZIP				
PHONE: ()	EMAIL:		_				
CURRENT PERMIT NUMBER:							
Applicants must	submit this form for each district that they wis	sh to conduct aerial	hunting.				
This form shall be s	igned by either the district's President, Vice Pr	esident or Secretary	r-Treasurer.				
County	Name Printed and Title	Si	gnature				
	CONSENT STATEMENT						
YOUR SIGNATURE BELOW INDICATES TH	AT YOU HAVE READ AND UNDERSTAND ALL APPLICABLE	WYOMING STATUTES A	ND REGULATIONS; AGREE TO				
	SET FORTH THEREIN; AND UNDERSTAND THAT EACH SEC						
	e: INCOMPLETE APPLICATIONS WILL BE RETURNED. I un asons specified in the Chapter 14 rules of the V		-				
may revoke my permit for the re-	asons specified in the chapter 14 rules of the v	vyoning Departine	int of Agriculture.				
SIGNATURE OF APPLICANT	DATE						