Wyoming Department of Agriculture, Technical Services
6607 Campstool Road, Cheyenne, WY 82002
(307)777-7324

Activation Date: _____

License Number: _____

PREDATOR GUNNER/PILOT PERMIT APPLICATION

APPLICATION INFORMATION:

Name:_____
Last Name, First Name and Middle Initial

Address:_____ City:_____ State:_____

Zip Code: _____ Telephone:_____ Birth Date: _____

Email Address (not required):_____

LICENSE TYPE: Gunner (1301) _____ Pilot (1302) _____

REASON FOR CONTROL: Wildlife_____ Livestock _____ Health _____ All_____

SPECIES AND NUMBERS REQUESTED: Grey Wolf _____ Coyote _____ Red Fox _____

COUNTY AUTHORIZATION INFORMATION: **YOU MUST** obtain a signature from an authorized predator district board member from their respective county in order to obtain a state permit.

___ Albany_____
___ Big Horn_____
___ Campbell_____
___ Carbon_____
___ Converse_____
___ Crook _____
___ Fremont_____
___ Goshen_____
___ Hot Springs_____
___ Johnson _____
___ Laramie_____
___ Lincoln_____
___ Natrona_____
___ Niobrara_____
___ Park _____
___ Platte_____
___ Sheridan_____
___ Sublette_____
___ Sweetwater_____
___ Teton_____
___ Uinta_____
___ Washakie_____
___ Weston_____

I verify that I have read and understand all applicable Wyoming standards and regulations and I agree to abide by the laws and regulations set forth therein. I also understand that each section of the laws and regulations is separately and collectively enforceable.

Applicant Signature_____
Date