



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

**FOR OFFICE USE ONLY**

Verification Date: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Date written approval sent  
 to applicant: \_\_\_\_\_

## PREDATOR MANAGEMENT DISTRICT APPROVAL FORM

### APPLICANT OR PERMITTEE INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST M.I.

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT PERMIT NUMBER: \_\_\_\_\_

Applicants must submit this form for each district that they wish to conduct aerial hunting.  
 This form shall be signed by either the district's President, Vice President or Secretary-Treasurer.

County	Name Printed and Title	Signature

### 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; AND UNDERSTAND THAT EACH SECTION OF LAWS AND REGULATIONS IS SEPARATELY AND COLLECTIVELY ENFORCEABLE. **NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.** 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.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE