



FOR OFFICE USE ONLY

PAYMENT METHOD:
 Check _____ Online _____

PROCESS DATE: _____

LICENSE CODE: _____

NEW ESTABLISHMENT No.: _____

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

**TECHNICAL SERVICES DIVISION
 GUNNER/PILOT PERMIT APPLICATION**

PLEASE CHOOSE (CHECK ONE): NEW APPLICATION _____ RENEWAL _____
 PERMIT TYPE (CHECK ONE): GUNNER _____ PILOT _____
 CURRENT ESTABLISHMENT NUMBER (IF RENEWING): _____

PERMIT APPLICANT INFORMATION

NAME: _____ DOB: _____
LAST FIRST M.I.

MAILING ADDRESS: _____
STREET CITY STATE ZIP

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

PHONE: () ____-____ EMAIL: _____

REASON FOR CONTROL/ SPECIES REQUESTED

REASON FOR CONTROL (CHECK ONE): WILDLIFE _____ LIVESTOCK _____ HEALTH _____ ALL _____
 SPECIES & NUMBER 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.

X	COUNTY	BOARD MEMBER printed	Board SIGNATURE	X	COUNTY	BOARD MEMBER printed	Board SIGNATURE
	ALBANY				NATRONA		
	BIG HORN				NIOBRARA		
	CAMPBELL				PARK		
	CARBON				PLATTE		
	CONVERSE				SHERIDAN		
	CROOK				SUBLETTE		
	FREMONT				SWEETWATER		
	GOSHEN				TETON		
	HOT SPRINGS				UINTA		
	JOHNSON				WASHAKIE		
	LARAMIE				WESTON		
	LINCOLN						

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. **NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.**

SIGNATURE OF APPLICANT _____ DATE _____

MAIL CHECKS AND APPLICATION TO: **WY Dept of Ag, 2219 CAREY AVENUE, CHEYENNE, WY 82002**