



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

PREDATOR MANAGEMENT DISTRICT APPROVAL FORM

APPLICANT 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

SIGNATURE OF PREDATOR MANAGEMENT COORDINATOR

DATE

**PLEASE MAIL TO: WYOMING DEPARTMENT OF AGRICULTURE
ATTN: PREDATOR MANAGEMENT, 2219 CAREY AVE, CHEYENNE WY 82002**