



Wyoming
DEPARTMENT OF Agriculture

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

FOR OFFICE USE ONLY

PROCESS DATE: _____

PERMIT NO: _____

Dist. Approval form attached?

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

PLEASE CHOOSE (CHECK ONE): **NEW APPLICATION** **RENEWAL**

PERMIT TYPE (CHECK ALL APPLIED): **GUNNER** _____ **PILOT** _____

CURRENT PERMIT NUMBER (IF RENEWING): _____

PERMIT APPLICANT INFORMATION

NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

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

**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. **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

MAIL APPLICATION AND DISTRICT APPROVAL FORMS TO: WY Dept. of Ag, 2219 CAREY AVENUE, CHEYENNE, WY 82002



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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