



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?

YES

NO

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: _____
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

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**