



APPLICATION AERIAL DEPREDATION PERMIT

Fee: None

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications may be returned. **PROCESSING TIME:** Allow up to 30 days for applications which do not require clarification, additional information, or investigation.

APPLICANT INFORMATION		Client Number or SSN:	DATE OF BIRTH:
NAME [LAST]		[FIRST]	[MIDDLE]
PHYSICAL ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS:			
CITY:		STATE:	ZIP:
HOME PHONE:	WORK PHONE:	E-MAIL ADDRESS:	
DRIVER'S LICENSE NUMBER		STATE:	DATE ISSUED:
PHYSICAL WORK ADDRESS:			
REPRESENTING BUSINESS, RANCH OR GOVERNMENT AGENCY			

1. **Purpose:** I request this permit for the purpose of protecting: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Domestic animals.
<input type="checkbox"/> Livestock.
<input type="checkbox"/> Wildlife. | <input type="checkbox"/> Land. Explain: _____
<input type="checkbox"/> Public Safety. Explain the nature of the threat:
_____ |
|---|---|

2. **Damage:** If you are requesting a permit for the purpose of protecting livestock, wildlife, or domestic animals. Indicate the approximate number of each type of animal that was lost in the past 12 months and the associated value of the loss:

Type	Number Lost	Total Value
Cattle	_____	_____
Sheep	_____	_____
Swine	_____	_____
Poultry	_____	_____
Dogs	_____	_____
Cats	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

3. **Location of Intended Control:** Provide the name of each federal grazing allotment and county(ies) of its location where aerial control will take place during periods of active use by the permittee's livestock; and the name and location of private holdings where aerial control will occur. (NOTE: The permit will be limited to Federal grazing allotments where the applicant has active use by his livestock, and the applicant's private land.)

_____ Allotment(s) in _____ County.
_____ Allotment(s) in _____ County.
_____ Allotment(s) in _____ County.
_____ Ranch/property in _____ County.
_____ Ranch/property in _____ County.
_____ Ranch/property in _____ County.

4. **Pilot(s) Information:**

(a) Name: _____
Address: _____
Phone Number: _____
(b) Name: _____
Address: _____
Phone Number: _____
(c) Name: _____
Address: _____
Phone Number: _____

5. **Aircraft Description:**

(a) Make: _____ Model: _____ Color(s): _____
Registration Number: _____
Location/address where aircraft will be based: _____
(b) Make: _____ Model: _____ Color(s): _____
Registration Number: _____
Location/address where aircraft will be based: _____
(c) Make: _____ Model: _____ Color(s): _____
Registration Number: _____
Location/address where aircraft will be based: _____

6. If issued a permit, estimate the number of coyote which will be killed the remainder of this calendar year and the following calendar year.

Coyote This year: _____ Next year: _____

I, the signator, in signing this application, hereby state that I am entitled to this permit under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Applications should be sent to:

Nevada Department of Wildlife
License Office – Aerial Depredation
4600 Kietzke Ln D135
Reno, NV 89502

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Department Representative: _____

REASON FOR DISAPPROVAL: