



**APPLICATION
PERMIT FOR THE RELEASE OF LIVE WILDLIFE**

Fee: None

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.

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:

1. What is the purpose for the release? _____

2. List both the common and scientific names of each species, and the approximate number of each that you are requesting to release.

COMMON NAME	SCIENTIFIC NAME	NUMBER

3. Proposed date(s) for the release: _____

4. Name and telephone number of the owner of the property where the wildlife is to be released:

5. The complete address or legal description of the property where you propose to release the wildlife.

6. The specific source (name, address, phone) from where you have or will obtain the wildlife to be released:

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

Submit your completed application to the appropriate Department office:

For fish and aquatic species:

Nevada Department of Wildlife
Fisheries Bureau
1100 Valley Road
Reno, NV 89512

For birds and terrestrial species:

Nevada Department of Wildlife
Game Bureau
1100 Valley Road
Reno, NV 89512

Phone Numbers:

Western Region (Fallon)	(775) 423-3171
Eastern Region (Elko)	(775) 777-2300
Southern Region (Las Vegas)	(702) 486-5127
Headquarters	(775) 688-1500

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: