



APPLICATION TRAP REGISTRATION NUMBER

Fee: \$10

Assigned Trap Registration Number:

NV _____

I hereby make application for a Trap Registration Number.

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:	
HEIGHT:	WEIGHT:		HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER			STATE:		DATE ISSUED:
OCCUPATION:			EMPLOYER:		

I, the signator, in signing this application, hereby state that I am entitled to this number 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

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Department Representative: _____

REASON FOR DISAPPROVAL: