



# APPLICATION WILDLIFE EXPORTATION PERMIT

Fee: \$15

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

I hereby make application for a permit to export the following wildlife species out of the State of Nevada.

<b>APPLICANT/CONSIGNOR INFORMATION</b>		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:

Wildlife to be exported:

NUMBER	COMMON NAME	SCIENTIFIC NAME

How Obtained: \_\_\_\_\_

Date Obtained: \_\_\_\_\_

Destination of Shipment: \_\_\_\_\_  
Name of Consignee

\_\_\_\_\_  
Address of Consignee

Valid for 10 days beginning: \_\_\_\_\_, 20\_\_

\_\_\_\_\_, 20\_\_

\_\_\_\_\_, 20\_\_

Certificate of clean health signed by an accredited veterinarian:  YES  NO

The purpose for exporting these species is: \_\_\_\_\_

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

The completed application with the required fee may be submitted to any office of the Nevada Department of Wildlife.

Western Region

Nevada Department of Wildlife  
Special Licenses and Permits  
1100 Valley Rd, Reno, NV 89512  
Telephone: (775) 688-1500  
Counties: Carson City, Churchill, Douglas,  
Humboldt, Lyon, Mineral, Pershing, Storey,  
Washoe

Southern Region

Nevada Department of Wildlife  
4747 Vegas Dr.; Las Vegas, NV 89108  
Telephone: (702) 486-5127  
Counties: Clark, Esmeralda, Lincoln, Nye

Eastern Region

Nevada Department of Wildlife  
60 Youth Center Road; Elko, NV 89801  
Telephone: (775) 777-2300  
Counties: Elko, Eureka, Lander, White Pine

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FOR DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

Date Returned for Additional Information: \_\_\_\_\_

Department Representative: \_\_\_\_\_

REASON FOR DISAPPROVAL: