



APPLICATION RAPTOR PROPAGATION

Permit Fee: 2-YEAR \$0 (22.44)

Permit expires December 31.

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

I hereby make application for:

(Mark the appropriate box and then read and follow the instructions.)

- New application: Complete the entire applicant information block and all sections. Sign and date the application.
- Renewal of last year's PERMIT **with** changes: Complete the entire applicant information block and then complete all other sections in the application where changes are being requested. **CLEARLY DESCRIBE CHANGES**. Sign and date the application.
- Renewal of last year's PERMIT **without** changes: Complete the entire applicant information block. Sign and date the application.

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:		
WORK ADDRESS:				
ADDRESS WHERE RAPTORS ARE OR WILL BE HOUSED:				

1. List each raptor species to be propagated and hybrids thereof.

SPECIES OR HYBRIDS	SPECIES OR HYBRIDS

Provide a statement indicating the justification and or objective for which the Raptor Propagation permit is sought.

I, the signator, in signing this application, hereby state that I am entitled to this license 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 the completed application to:
Nevada Department of Wildlife
License Office – Raptor Propagation
4600 Kietzke Lane, D-135
Reno, NV 89502

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: