



APPLICATION
LIVE BAIT DEALER PERMIT

Fee: \$44

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

APPLICANT INFORMATION		Client Number/SSN/TIN:	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:	
BUSINESS NAME:.				
BUSINESS ADDRESS:				

1. Location or address of additional holding facilities used in conjunction with the above business.

2. List the source or installation from which you will be obtaining the live bait or aquatic bait to be offered for sale, held or transported:

NOTICE: Any person receiving, bringing, having brought or shipped into the State of Nevada any live fish, live bait or aquatic life, shall notify the Department at least five (5) days in advance of each shipment.

It is unlawful for any person to import fish or aquatic life in the State of Nevada from an installation or source that has not been approved by the Department.

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 your completed application and \$44 fee to the appropriate office below:

Western Region

Nevada Department of Wildlife
380 West "B" Street; Fallon, NV 89406
Telephone: (775) 423-3171
Primary counties: Carson City, Churchill,
Douglas, Humboldt, Lyon, Mineral,
Pershing, Storey, and Washoe

Southern Region

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

Eastern Region

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

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: