



## APPLICATION

### LICENSE – COMMERCIAL POSSESSION OF LIVE WILDLIFE

**Fee: \$500 (22.76)**

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned. **PROCESSING TIME:** Allow up to 30 days for applications which do not require clarification, additional information, or further investigation for unusual species.

**I hereby make application for:** (Mark the appropriate box and then read and follow the instructions.)

**New application:** Complete the entire applicant information block, all sections, sign, date, and submit with the \$500 fee.

**Renewal *with* changes:** Complete the entire applicant information block, Sections 6, 9, and 10, include changes or additions where appropriate; sign, date, and submit with the \$500 fee.

**Renewal *without* changes:** Complete the entire applicant information block, Section 6, 9, and 10; sign, date, and submit with the \$500 fee. Be sure to review all sections.

<b>APPLICANT INFORMATION</b>		TAX ID:	SPORTSMAN'S ID 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:
EMPLOYER:				
WORK ADDRESS:				

1. Purpose for which the wildlife is to be held. (Check all that apply.)

- Wholesale and/or retail sale
- Breeding and sale
- Public display/Exhibition
- Aquaculture
- Rental
- Other (explain): \_\_\_\_\_

**NOTE:** Prohibited species (see NAC 503.110) may not be sold, bartered, given away, or traded within the state.

2. If the wildlife is to be possessed for the purpose of a business, please provide the name, address, and telephone number of the business (if different from the information provided in the applicant information block):

3.  YES  NO Will the wildlife be maintained or held at a different location than the home address which was provided above in the applicant information block? If YES, provide the location and address below:

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4. I request authorization to add or obtain the following species and numbers of each. NOTE: Mountain lions, bobcats, ungulates, and black bear are required to be tattooed or otherwise permanently marked. Be sure to list the tattoo or ID number. Be sure to include the scientific name.

COMMON NAME	SCIENTIFIC NAME	NUMBER	ID NUMBER/ TATTOO

5. Name, address, and telephone number of the source where you intend to obtain the wildlife listed in Section 4.

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6. I presently possess the following species and number of each. NOTE: Mountain lions, bobcats, ungulates, and black bear are required to be tattooed or otherwise permanently marked. Be sure to list the tattoo or ID number. If you fail to include the scientific name, the application will be returned.

COMMON NAME	SCIENTIFIC NAME	NUMBER	ID NUMBER/ TATTOO

7. If you plan to exhibit or display wildlife at more than one location within the state, list the specific locations and approximate dates for the exhibits or displays.

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8. Attach a complete description, including a diagram, of the holding facilities, cages, or aquaria that will be used to confine the wildlife. NOTE: Ignore this section if you are renewing last year's license and there were no facility changes.

9. If you are required by the U.S. Department of Agriculture and/or the U.S. Fish and Wildlife Service to possess licenses or permits for species listed on this application, please attach copies of those permits to the application.

10.  YES  NO In the past 5 years, have you been convicted of violating a provision of Nevada's wildlife laws or regulations, or those of any other state or the U.S. Fish and Wildlife Service which pertain to the possession of wildlife? If YES, but you did report this on a prior application, skip to the signature line. If YES, but you did not previously report this, list all convictions below. Use additional paper if necessary.

Date convicted: \_\_\_\_\_ Where convicted: \_\_\_\_\_

Convicted of: \_\_\_\_\_

Sections 11 – 13 apply only to prohibited species. Complete Sections 11 and 12, and submit the documentation required by Section 13 only if you are applying to possess a prohibited species. (Consult the Instructions to be sure you are eligible.)

11. Describe the measures which will be used to prevent the prohibited species from escaping.

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12. Describe the methods and equipment that will be used to recapture or destroy prohibited species which escape.

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13. Attach a copy of one of the following:

(a) A permit or license issued by a wildlife agency or regulatory agency in the state or country where the species originated that allows the possession of species specified therein, including viable embryos or gametes; OR

(b) Other documentation establishing lawful possession of the species, including, but not limited to, a document issued by a wildlife agency or regulatory agency of the state or country where the species originated that indicates a permit or license is not required for the possession of the species specified therein.

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 \$500 fee to the appropriate office below:

Western Region

Nevada Department of Wildlife  
Special Licenses and Permits  
1100 Valley Rd., Reno NV 89512  
Telephone: (775) 688-1500  
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

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**FOR DEPARTMENT USE ONLY**

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

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

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

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

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

REASON FOR DISAPPROVAL: