



APPLICATION DREDGING PERMIT

Fee: \$15.00 (22.69)

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

APPLICANT INFORMATION		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:				
EMPLOYMENT ADDRESS:				
CITY:			STATE:	ZIP:

1. Description of dredge(s) to be used (limit 3); maximum intake diameter – 4 inches:

MAKE	MODEL	INTAKE SIZE (inches)
1.		
2.		
3.		

2. Water name, location, and proposed dates of dredging (limit 10):

Continued on page 2

NAME OF WATER	MOUNTAIN RANGE OR VALLEY	COUNTY	DATES OF DREDGING
1.			
2.			
3.			

2. Water name, location, and proposed dates of dredging (continued from page 1):

NAME OF WATER	MOUNTAIN RANGE OR VALLEY	COUNTY	DATES OF DREDGING
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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

Mail or submit your application and the required fee to the appropriate Department office in the region where the dredge will be primarily operating:

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

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: