



APPLICATION RAPTOR PROPAGATION

**Permit Fee: \$0
2-YEAR**

(22.44)

Permit expires December 31.

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: 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.

- Please **PRINT** all information **except for your signature.** Incomplete or illegible applications will be returned. **PROCESSING TIME:** Allow thirty (30) days.
- SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the permit is issued.
- Federal Tax ID or SSN only required for new applicants.

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit is for.)

INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME)			SLAP Entity ID
MAILING ADDRESS:			FEDERAL TAX ID:
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE:

RESPONSIBLE PARTY– Person responsible for permit

NAME [LAST]		[FIRST]	[MIDDLE]	SLAP Entity ID
MAILING ADDRESS:				SSN
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:	
PHYSICAL ADDRESS:				
CITY:	STATE:	ZIP:	TELEPHONE:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER		STATE:	DATE ISSUED:	
OCCUPATION:		EMPLOYER:		
WORK ADDRESS:				

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
6980 Sierra Center Pkwy, Ste-120
Reno, NV 89511

FOR DEPARTMENT USE ONLY

Department Representative: _____ Date Received: _____
Date Approved: _____ Date Returned for Additional Information: _____
Date Disapproved: _____ Letter Sent: _____

REASON FOR DISAPPROVAL: