NEVADA DEPARTMENT OF VILL DLIFE

APPLICATION WILDLIFE DEPREDATION PERMIT

Fee: \$0 (22.43)

- 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.

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit 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:	f: STATE:		ZIP:		TELEPHONE:	
RESPONSIBLE PARTY-	- Person resp	 onsible	for permit			
		[FIRST		[MIDD	LE]	SLAP Entity ID
MAILING ADDRESS:						SSN
TY: STA		STATE:	ZIP:		E-MAIL ADDRESS:	
PHYSICAL ADDRESS:		<u> </u>	1		I	
CITY:	STATE:		ZIP:		TELEPHONE:	
HEIGHT:	WEIGHT:		HAIR: EYES:			GENDER:
DRIVER'S LICENSE NUMBER			STATE:			DATE ISSUED:
OCCUPATION:			EMPLOYER:			
WORK ADDRESS:						
Species of wildlife	causing dama	do.				
•	-	-				
2. The nature of the	crops or other	property	being injured:			
3. The extent of the i	injury or damaç	ge:				

Method recommended to control or eradicates problem animals:							
	eby state that I am entitled to this permit under the laws of the or false statement has been made by me to obtain this license.						
Signature of Applicant	Date						
Submit your completed application to the appro	opriate office below:						
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 Eastern Region Nevada Department of Wildlife 60 Youth Center Road; Elko, NV 89801 Telephone: (775) 777-2300 Counties: Elko, Eureka, Lander, White Pine	Southern Region Nevada Department of Wildlife 3373 Pepper Ln.; Las Vegas, NV 89120 Telephone: (702) 486-5127 Counties: Clark, Esmeralda, Lincoln, Nye						
FOR D	PEPARTMENT USE ONLY						
Department Representative: Da	ate Received:						
Date Approved: Da	Date Returned for Additional Information:						
Date Disapproved: Le	etter Sent:						
REASON FOR DISAPPROVAL:							