



## APPLICATION SPECIAL PURPOSE PERMIT

**Fee: \$200 – 1 Year Permit (permit class 22.05)**

**PURPOSE:** (check one)      Clearance Survey      Relocation out of harms way

**Permit expires December 31.**

PROCESSING TIME: All applications will be routed for review and approval, which can take up to 6 weeks, depending on complexity and division recommendations.

**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. **Do not send fee until notified of approval.**

Renewal of last year's PERMITTED projects: 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. **Do not send fee until notified of approval.**

- Please **PRINT** all information **except for your signature.** Incomplete or illegible applications will be returned. 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. In the table below, list the species and number of each that you intend to capture and relocate, etc. by each specific capture situation (C.S.)/method. Do not combine several capture situations with a single number; e.g. "200 - - a, b, c, d." Provide a specific number with each capture situation/method. (See example below in table.)

- Capture Situations/Methods:
- a. Salvage specimens found dead.
  - b. Detain and call Clark County PLU Service.
  - c. Relocate 1500 ft. out of harms way to adjacent suitable habitat.
  - d. Relocate 100 ft. out of harms way to adjacent suitable habitat.
  - e. Other (specify): \_\_\_\_\_

| Species<br>(common & scientific names)                       | #/Site/<br>Year | C.S.  | Species<br>(common & scientific names) | #/Site/<br>Year | C.S. |
|--|-----------------|-------|--|-----------------|------|
| (Example): <i>Gila Monster</i><br><i>Heloderma suspectum</i> | 10              | b     |  |                 |      |
|  | -----           | ----- |  |                 |      |
|  | 15              | c     |  |                 |      |
|  |                 |       |  |                 |      |
|  |                 |       |  |                 |      |
|  |                 |       |  |                 |      |

2. Give dates and locations of land development activity. Provide your best estimate of the specific location(s) (body of water, mountain range, stream, drainage, county, etc.) and dates of the land development activity.

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3. If requesting to handle tortoises, provide a copy of the biological opinion issued by the USFWS for the above project. If necessary, attach a synopsis, not exceeding 5 pages, of the land development and included the USFWS approval for tortoise biologist and/or monitors, if applicable. Include methods of capture and the names of additional collectors/agents.

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4. Disposition. Name and address of the public, scientific, or educational institution(s) to which all salvaged specimens found dead that will be transferred.

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5. Federal Permits: Attach a copy of your federal permit, issued by the U.S. Fish and Wildlife Service, which is valid for Nevada (required for threatened or endangered wildlife and migratory birds unless specifically exempted by the Service).

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 \_\_\_\_\_

**Do not send fee until notified of approval.  
Submit your completed application to:**

Nevada Department of Wildlife  
License Office – Special Purpose  
6980 Sierra Center Pkwy, Ste-120  
Reno, NV 89511

**FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_  
Date Returned for Add'l Information: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Date Disapproved: \_\_\_\_\_  
Department Representative: \_\_\_\_\_  
REASON FOR DISAPPROVAL: \_\_\_\_\_