



NEVADA DEPARTMENT OF WILDLIFE TAG TRANSFER ORGANIZATION FORM

Under the authority of section 1 of Assembly Bill No. 89, chapter 109, Statutes of Nevada 2021 a tag transfer can be made to a qualifying organization to facilitate the tag going to person who has a disability or life-threatening medical condition and/or provides opportunities to engage in various experiences to a person who is between 12 and 16 years of age whose household income is not more than 150 percent of the federally designated level signifying poverty.

Mail or return physical tag, supporting documentation and completed form to:

Nevada Department of Wildlife
Data and Technology Services Division – Tag Return
6980 Sierra Center Pkwy Ste 120
Reno, NV 89511

Please allow for five (5) business days to process the tag transfer once the completed form, physical tag, and supporting documentation has been received by the Department. All tag transfer requests must be received by the Department at least five (5) business days prior to the opening of the tag's season.

*** By signing this form, all parties attest that all information provided is correct. Once processed, the tag transfer cannot be reversed. The Department of Wildlife is not responsible or liable for a successful harvest, or any event that takes place after the tag transfer has been completed.**

TAG INFO:

SPECIES: _____ WEAPON: _____

UNIT(S): _____ SEASON: _____

Indicate what method the recipient will receive the tag.

USPS Mail

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Pick up at a NDOW office (Reno HQ, Fallon, Winnemucca, Elko, Ely, Las Vegas). The Department will contact the tag recipient when the tag is ready to be picked up.

LOCATION PREFERENCE: _____

ORIGINAL TAG HOLDER INFO:

NAME: _____

D.O.B. _____ CLIENT ID: _____

*** I, the original tag holder, agree to transfer my assigned big game tag to the individual designated under the recipient section on this form. I acknowledge that I will not receive a refund for the fees associated with the tag and applied waiting periods and bonus point costs will still be applied to my account.**

SIGNATURE DATE

TAG RECIEPIENT INFO:

NAME: _____

D.O.B. _____ CLIENT ID: _____

PHONE: _____

*** I, the tag recipient, agree to receive the fore mentioned big game tag as my own. I acknowledge that by receiving this tag, I will be treated as if I were originally awarded the tag in regard to applied waiting periods and bonus point costs. I have successfully completed a hunter education course as proof by certification.**

SIGNATURE OF RECIPIENT OR PARENT/GUARDIAN OF RECIPIENT DATE

NAME OF PARENT/GUARDIAN: _____

GUIDE OR MENTOR HUNTER INFO:

NAME: _____

D.O.B. _____ CLIENT ID: _____

(IF NOT NEVADA) HUNTING LICENSE NUMBER: _____ STATE OF ISSUANCE: _____

*** I, the guide or mentor hunter of the tag recipient, acknowledge that I have been certified with hunter education and have sufficient hunting experience to safely accompany the tag recipient in the field to pursue big game with the intent to harvest and to assist with the field processing of the taken animal.**

SIGNATURE DATE

ORGANIZATION REPRESENTATIVE:

NAME: _____

ORGANIZATION: _____

JOB TITLE: _____

*** I, on behalf of the organization, acknowledge that the individual designated under the recipient section will be taken care of while out in the field by the individual designated under the guide or mentor hunter section and any other individual to accompany the recipient on the hunt. That the recipient meets the qualifications pursuant to section 1 of Assembly Bill No. 89, chapter 109, Statues of Nevada 2021, at page 471 (NRS 502.104). That no monetary trade or exchange of goods took place in the facilitation of this tag.**

SIGNATURE DATE