



APPLICATION AERIAL DEPREDATION PERMIT

Fee: \$0 (22.39)

2-YEAR

Permit expires December 31.

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications may be returned. PROCESSING TIME: Allow up to 30 days for applications which do not require clarification, additional information, or investigation.

- 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.

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 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.

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:
DRIVER'S LICENSE NUMBER			DATE ISSUED:

1. **Purpose:** I request this permit for the purpose of protecting: (Check all that apply.)

- Domestic animals.
- Livestock.

- Land. Explain: _____
- Public Safety. Explain the nature of the threat: _____

2. **Damage:** If you are requesting a permit for the purpose of protecting livestock, wildlife, or domestic animals. Indicate the approximate number of each type of animal that was lost in the past 12 months and the associated value of the loss:

Type	Number Lost	Total Value
Cattle	_____	_____
Sheep	_____	_____
Swine	_____	_____
Poultry	_____	_____
Dogs	_____	_____
Cats	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____

3. **Location of Intended Control:** Provide the name of each federal grazing allotment and county(ies) of it's location where aerial control will take place during periods of active use by the permittee's livestock; and the name and location of private holdings where aerial control will occur. (NOTE: The permit will be limited to Federal grazing allotments where the applicant has active use by his livestock, and the applicant's private land.)

- _____ Allotment(s) in _____ County.
- _____ Allotment(s) in _____ County.
- _____ Allotment(s) in _____ County.
- _____ Ranch/property in _____ County.
- _____ Ranch/property in _____ County.
- _____ Ranch/property in _____ County.

4. **Pilot(s) Information:**

- (a) Name: _____
Address: _____
Phone Number: _____
- (b) Name: _____
Address: _____
Phone Number: _____
- (c) Name: _____
Address: _____
Phone Number: _____

5. **Aircraft Description:**

- (a) Make: _____ Model: _____ Color(s): _____
 Registration Number: _____
 Location/address where aircraft will be based: _____
- (b) Make: _____ Model: _____ Color(s): _____
 Registration Number: _____
 Location/address where aircraft will be based: _____
- (c) Make: _____ Model: _____ Color(s): _____
 Registration Number: _____
 Location/address where aircraft will be based: _____

6. If issued a permit, estimate the number of coyote which will be killed the remainder of this calendar year and the following calendar year.

Coyote This year: _____ Next year: _____

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

Submit Application to:

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

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative _____

REASON FOR DISAPPROVAL: