



**APPLICATION
COMMERCIAL OR PRIVATE SHOOTING PRESERVE LICENSE**

Fee: \$125 (22.75)

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.
PROCESSING TIME: Allow thirty (30) days.

I hereby make application for:

Commercial Shooting Preserve License

Private Shooting Preserve License

APPLICANT INFORMATION		TAX ID:	SPORTSMAN'S ID or SSN:	DATE OF BIRTH:
NAME [LAST]		[FIRST]	[MIDDLE]	
PHYSICAL ADDRESS:				
CITY:			STATE:	ZIP:
MAILING ADDRESS:				
CITY:			STATE:	ZIP:
HOME PHONE:		WORK PHONE:	E-MAIL ADDRESS:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER			STATE:	DATE ISSUED:
OCCUPATION:			EMPLOYER:	
NAME AND LOCATION OF SHOOTING PRESERVE:				
MANAGER'S NAME:			PHONE:	

1. Legal description of the area to be included in the preserve: _____

2. Acreage: _____

3. Species of upland game birds to be hunted: _____

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

The completed application and required fee shall be submitted to the Regional Manager of the administrative region where the shooting preserve is located. A copy of the lease agreement for shooting rights or privileges must accompany the application where applicable.

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

Southern Region

Nevada Department of Wildlife
4747 Vegas Dr.; Las Vegas, NV 89108
Telephone (702) 486-5127
Counties: Clark, Esmeralda, Lincoln, Nye

Eastern Region

Nevada Department of Wildlife
60 Youth Center Road; Elko, NV 89801
Telephone: (775) 777-2300
Counties: Elko, Eureka, Lander, White Pine

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: