



# Application for Importation and Possession of Live Cold-Blooded Wildlife Permit

Governed by Wyoming Game and Fish Commission **Chapter 69** Regulation for the Importation and Possession of Live Cold-Blooded Wildlife.

- \* Some cold-blooded wildlife require an interstate transportation permit and health certificate(s) to be transported through the State of Wyoming (see [Wyoming Game and Fish Commission Regulation Chapter 69](#)). Interstate transportation of live wildlife permits are available at Wyoming ports of entry. Federal restrictions may apply.
- Prior to completing the application, please review the Chapter 69 regulation (<https://wgfd.wyo.gov/Permits/Possessing-Wildlife>). This application must be submitted and a permit granted prior to possession of certain wildlife species.
- Please complete this application in its entirety. Incomplete applications will be returned to the applicant and will not be processed. If an item does not apply, write N/A in the appropriate space.

## Applicant Information

Applicant Name					
Company					
Mailing Address					
City		State		Zip	
Physical Address					<input type="checkbox"/> Same as mailing
City		State		Zip	
Phone		Email			
Application Date		Request is for Year:		Previous Permit #	

- Check this box **only** if the above listed information has changed from previously issued permit.
- Check this box **only** if you would like your e-mail address and telephone number **made available** as public information as per state law ([W.S. § 23-1-706](#)). Other Information given on this application may be made available as public information, except as provided by law.

## Wildlife

Common Name	Genus, Species, and Subspecies Name	Number	Purpose

Check this box if this application is **only** for wildlife already in your possession (same individuals and same or fewer numbers) as previous year's permit. Applications for permit renewals for wildlife already in possession must be received **60 days** prior to the expiration of the previous permit.

- *The permittee shall possess the appropriate certificate of veterinary inspection, if required, prior to importation of any wildlife*

Check this box if the cold-blooded wildlife proposed for importation has been exposed to or contracted a contagious disease or parasite. Add description below:

## Supplier

Supplier Name					
Address					
City		State		Zip	

**Legal description and/or physical address where wildlife will be held.**

Quarter/Quarter Section		Quarter Section	
Section		Township	Range
Physical Address			
City		State	Zip

**Describe the holding facilities for live wildlife.**

Length (ft)		Width (ft)		Height (ft)	
Description:					

Copies of any required federal permit(s) for the take of wildlife, if applicable, shall accompany this permit application, or be submitted to the Department prior to conducting permitted activities.

An importation/possession permit may be denied or conditioned to protect Wyoming's wildlife resources and to ensure public safety.

**Affirmation and Signature**

By checking this box  or signing below, under penalty of prosecution, **I swear or affirm that the information given by me on this application is true and correct.** I also affirm the proposed possession of wildlife is not in violation of the county, municipality, other applicable laws or covenants, where wildlife is to be possessed or taken.

Name (printed)		Date	
Signature (required if not submitting electronically)			

Please submit your completed application to the appropriate regional office or your game warden. Follow this link for [contact information](#), or see "Contact Us" at <https://wgfd.wyo.gov/law-enforcement/Field-Personnel-Contact-Info>. If submitting a hard copy, please submit to your game warden.

-For Wyoming Game and Fish Department Use-				
Are Wyoming's wildlife resources protected from the threats listed under Chapter 69 Section 14(c) (d) ?				
Game Warden				
Name (printed)		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date
Regional Commercial Operator Coordinator				
Name (printed)		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date
Regional Fish or Herpetological Supervisor				
Name (printed)		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Date

Incomplete applications will be returned to the applicant by the appropriate regional personnel.