



OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

LAST NAME inches)	FIRST NAME	M.I.	SUFFIX	Weight	Height (ft –
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MAILING ADDRESS	CITY	STATE	ZIP	Eye Color	Hair Color	Sex
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PHYSICAL ADDRESS	CITY	STATE	ZIP	EMAIL ADDRESS (optional)
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XXX – XX – _____
 Social Security Number
 (Last 4 digits required)

 DATE OF BIRTH (MM/DD/YYYY)

 PHONE NUMBER

☐ Check the box only if you would like your e-mail address, year of birth, and telephone number **made available** as public information as per state law (W.S. § 23-1-706). Other Information given on application may be made available as public information, except as provided by law.

PROOF OF RESIDENCY:

YRS WY RES. or Days Active Military in WY

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WY Driver's License Number or WY ID Card Number

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ONE of the following must be provided:

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OR

Complete the PROOF OF RESIDENCY form ON REVERSE SIDE

Under penalty of prosecution, I swear or affirm that the information given by me on this application is true and correct. I swear, under penalty of prosecution, that I am a Wyoming Resident as defined in W.S. 23-1-102(a)(ix)(xv), 23-2-101(a) and 23-1-107 and have been domiciled in Wyoming for not less than one (1) year and have not claimed residency elsewhere for any purpose during the one (1) year immediately preceding the date of application for this license(s).

APPLICANT SIGNATURE and Date

OR

PARENT/LEGAL GUARDIAN SIGNATURE and Date
(If applicant is under the age of 18)

Valid for _____ in Trapping Area _____
Species

Number to be taken _____

APPROVAL:

DISAPPROVAL:

GAME WARDEN SIGNATURE _____

GAME WARDEN SIGNATURE _____

PRINT NAME

DATE

PRINT NAME

DATE _____

NOTE: ONLY CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER WILL BE ACCEPTED. PERSONAL CHECKS WILL BE ACCEPTED FROM WYOMING RESIDENTS. NO TWO PARTY CHECKS ACCEPTED.

REVISÉD 10/2025

Permits are issued only at the Wyoming Game and Fish Headquarters located in CHEYENNE. Applications can be mailed to: Wyoming Game and Fish Department, License Section, 5400 Bishop Boulevard, Cheyenne, WY 82006-0001.