WYOMING GAME AND FISH DEPARTMENT
GAME BIRD FARM LICENSE APPLICATION
INITIAL/ORIGINAL APPLICATION
LICENSE FEE - - $136.00

OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

IF THIS APPLICATION IS BEING SUBMITTED PRIOR TO APRIL 1, 2026, PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

☐ THE LICENSE WILL BE VALID FROM DATE OF ISSUANCE THROUGH APRIL 1, 2026.

☐ THE LICENSE WILL BE VALID FROM APRIL 2, 2026 THROUGH APRIL 1, 2027.

APPLICANT INFORMATION:

_____
LAST NAME FIRST NAME M.I. SUFFIX

_____
HOME MAILING ADDRESS CITY STATE ZIP CODE

_____ _____ _____ _____
EMAIL ADDRESS (optional) HOME PHONE NUMBER SPORTSPERSON I.D. DATE OF BIRTH

_____ _____ _____ _____ _____
SEX WEIGHT HEIGHT (FT – IN) EYES HAIR

_____
NAME OF BUSINESS

_____
BUSINESS MAILING ADDRESS CITY STATE ZIP CODE

_____
BUSINESS PHYSICAL LOCATION CITY STATE ZIP CODE

_____ XXX-XX-_____
BUSINESS PHONE NUMBER SOCIAL SECURITY NUMBER (Last 4 digits required)

I, _____(applicant name) of _____(city) County of _____and State of Wyoming, pursuant to Wyoming Statutes and regulations of the Wyoming Game and Fish Commission, hereby formally make application for a Wyoming Game Bird Farm License for the year _____ and expiring on April 1, _____.

Attach additional sheets/information if necessary.

1. The following continuous track of land (legal description) and attached map is owned by myself:

2. The following continuous lands (legal description) and attached map are leased by myself. Include the name(s) of the lessor and the termination date of the lease (please attach a copy of the lease).

LAND	LESSOR	TERMINATION DATE

3. The lands proposed to be used as the Game Bird Farm are composed of the following acreages by habitat type:

   Hay: _____ Grain:_____

   Brush Land: _____ Prairie: _____

   Other (specify): _____

   The above described lands containing _____ acres, are subject to the approval of the Wyoming Game and Fish Department.

4. The above described lands enclosed by a legal fence as required by law and regulation are to be used as the Game Bird Farm: Specify and describe the type of legal fence.

5. Describe location of Holding Facility by using legal description to the quarter/quarter (1/4 1/4) section where live game birds shall be possessed and/or confined.

6. The purpose(s) of my game bird farm shall be to possess, breed, propagate, hunt, kill or sell: (Specify in detail all that apply.)

7. The species of game birds to be licensed on my game bird farm and thereon to be possessed, bred, propagated, hunted, killed or sold according to statutes and regulations shall be:

Species (genus and species)	Common Name

8. I propose to use the following method of breeding, propagating, hunting and selling the licensed game birds on my licensed game bird farm (specify in detail):

9. I propose to use the following type of identifying leg or wing bands to be placed on game birds:
(Describe the type of leg or wing band.)

10. Please check (√) one of the following: I intend to (___) pay for or (___) replace to the State of Wyoming the number of game birds of the species licensed and found on the proposed Game Bird Farm premises.

The person I appoint as my representative to the Board to determine the number of such birds is:

Name_____ Address _____

Home Phone Number _____

11. As established by law and regulation I agree that the expense of said Board shall be paid by myself. I agree that within thirty (30) days after determination of the number of said game birds to be upon the premises of my game bird farm to pay to Wyoming Game and Fish Department the amount for each game bird as specified by the Wyoming Game and Fish Commission or to replace to the Department an equivalent number and species of said game birds.

12. Game Bird Farms shall have a season commencing August 1 and ending March 31.

I select a shooting season beginning: _____
MONTH AND DATE
I select a shooting season ending: _____
MONTH AND DATE

13. I understand that I shall maintain on the premises of the game bird farm or at my residence legible, current, accurate, and complete records on forms provided by the Department of the species and the number of game birds received, shipped, purchased, reared, released, disposed of, killed, or sold. Records shall include names and addresses of all recipients, purchasers, suppliers, and hunters and the license number of all hunters and the date of each transaction. Records shall also include the number and species of game birds reared and released on the game bird farm.

14. Records shall be maintained at:

_____
Physical address

_____
City State Zip Code

I further understand that the records shall be produced upon request of any Game and Fish Law Enforcement Officer during reasonable hours. Records shall be submitted to the Regional Wildlife Supervisor in their respective Region by April 15 of each year for activities which occurred during the term of the license.

I agree that having made statements herein for the purpose of obtaining a Game Bird Farm License, that if awarded such a license, I shall comply with the applicable statutes and regulations governing licensed game bird farms.

_____ OR
APPLICANT SIGNATURE

_____ _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE
(If Applicant under the age of 18)

☐ Check this 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.

State of _____

County of _____

Subscribed and sworn to before me by _____this ____ day of _____, 20_____.

NOTARY PUBLIC My commission expires:

Please mail this application and proper license fee to the district Game Warden where the game bird farm is located.
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.

TO BE COMPLETED BY DEPARTMENT:

REVIEWED AND APPROVED BY:

_____	_____	_____
GAME WARDEN SIGNATURE	GAME WARDEN – Please Print	DATE
_____	_____	_____
COMMERCIAL OPERATIONS COORDINATOR SIGNATURE	COMMERCIAL OPERATIONS COORD. – Please Print	DATE
_____	_____	_____
WILDLIFE SUPERVISOR SIGNATURE	WILDLIFE SUPERVISOR – Please Print	DATE

COMMENTS: