

WYOMING GAME AND FISH DEPARTMENT

2023 GAME BIRD FARM LICENSE

APPLICATION FOR RENEWAL

License Fee - - \$136.00

OFFICE USE ONLY
LICENSE #:
DATE:
INITIALS:

Applicant Information:

Last Name		irst Name	M.I.	Suffix
Home Mailing Address	City	State	Zip Code	
Home Phone Number	Sportsperson I.D.	Date of I	Birth Sex	
Weight	Height (Ft – In)	Eyes	Hair	
Email Address (optional)				
Name of Business				
Business Mailing Address	City	State	Zip Code	
Business Physical Location	City	State	Zip Code	
Business Phone Number	XXX-XX- Social Security I	Number (Last 4 digits req	uired)	
With previous year's Game Bird year My lands, owned and/or leased, sh	own on my previous Game B			
(Include legal description and attack	h a map):			
I request the following desired cha	anges in operation from my pro	evious application:		
Game bird farms shall have a seaso	n commencing August 1 and e	ending March 31.		
I select a shooting season beginning	g: Month and Date	·		
I select a shooting season closing:	Month and Date			

I agree that having made statements herein for the purpose of renewing a Game Bird Farm License, that, if awarded such a license, I shall comply with the applicable statute and regulations of the Wyoming Game and Fish Commission regarding Game Bird Farms.

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.

Records shall be maintained at:		
Physical address		
City	State Zip C	Code
I further understand that the records shall be pro- reasonable hours. Records shall be submitted to t year for activities which occurred during the term	he Regional Wildlife Supervisor in their respe	
	OR	
APPLICANT SIGNATURE		
PARENT OR LEGAL GUARDIAN'S SI (If Applicant under the age of 18)	IGNATURE DAT	E
	l address, year of birth, and telephone number made ava iven on application may be made available as public info	
Please mail this application and proper licens NOTE: ONLY CERTIFIED CHECK, CASHIER'S CHECK WYOMING RESIDENTS. NO TWO PARTY CHECKS ACCES	OR MONEY ORDER WILL BE ACCEPTED. PERSONAL	0
TO BE CO	OMPLETED BY DEPARTMENT	
REVIEWED AND APPROVED BY:		
GAME WARDEN SIGNATURE	GAME WARDEN – Please Print	DATE
COMMERCIAL OPERATIONS COORDINATOR SIGNATURE	COMMERCIAL OPERATIONS COORD. – Plea	ase Print DATE
WILDLIFE SUPERVISOR SIGNATURE	WILDLIFE SUPERVISOR – Please Print	DATE

COMMENTS: