



APPLICATION FOR PERMIT TO TRAP FOR ANIMAL PROBLEM

APPLICANT INFORMATION

Name:
 Address:
 City: State: Zip Code:
 Telephone: (000-000-0000)
 FAX: (000-000-0000)
 E-Mail Address:
 Description of Animal Problem:

LOCATION OF ANIMAL PROBLEM

(Address; or Township, Range, Section)

Species:

Number:

Nonlethal Methods Used

- Electric Fencing
- Guard Animal
- Other Fencing
- Live Trap
- Hazing
- Other:

Results/Justification

- Ineffective
- Not Applicable

Explain:

Method Requested

- Padded foothold trap
- Nonstrangling type foot snare
- Conibear type trap in water

Who Will Do Trapping

- Applicant
- Other (list below)

List others:

Number of Animals Removed:

APPLICANT CERTIFICATION: I certify under penalty of perjury that the information provided above is true and correct and the animal problem has not been and cannot be reasonable abated by the use of nonlethal control tools or such nonlethal means cannot be reasonably applied.

Signature _____

Date

Location

State

APPROVAL: I certify that I have reviewed the information provided above and find that an animal problem does exist and that it cannot be reasonable abated by the use of nonlethal control tools or such nonlethal means cannot be reasonably applied.

Signature _____

Date

Title

GUIDELINES FOR COMPLETING AN APPLICATION FOR A PERMIT TO USE TRAPS FOR AN ANIMAL PROBLEM

PURPOSE:

These procedures are to be followed in order to comply with the provisions of RCW 77.15.194 and WAC 232-12-142 for a special permit to abate an animal problem. A person must submit a written application to WDFW to request the use of a Conibear trap in water, a padded foothold trap, or a non-strangling type foot snare to alleviate an animal problem. The applicant must establish that there exists on a property an animal problem that has not been and cannot be reasonably abated by the use of non-lethal control tools, including but not limited to guard animals, electric fencing, or box and cage traps, or such non-lethal means cannot be reasonably applied. WDFW must make a finding in writing that the animal problem has not been and cannot be reasonably abated by non-lethal control tools or the tools cannot be reasonably applied before the Director may authorize the use, setting, placing, or maintenance of the traps for a period not to exceed thirty days.

PROCEDURES:

Applicant Information: The land or property owner, manager, tenant, or occupant; or the person who will be requested to do the trapping.

Location of Animal Problem: Where does the animal problem exist? May be an address; or Township, Range, & Section Number.

Description of Animal Problem: Include the type of problem an animal is creating, damage being done, extent of damage, how long it has been occurring, why it is necessary to trap the animal(s), etc.

Species: Common name of animal you wish to trap.

Number: The number of animals causing the problem, if known.

Nonlethal Methods Used: Check the box(s) that apply. **Other** would be checked if you attempted anything other than one of the listed methods. Provide an explanation of this method.

Results/Justification: Check the appropriate box – **Ineffective** (Non-lethal methods used did not alleviate the animal problem; **Not applicable** (Non-lethal means could not be reasonably applied). **Explain** why the means could not be reasonably applied.

Method Requested: These are the only types of traps allowed under RCW 77.15.194, which may be authorized under a permit. (Select one or more)

Who Will do the Trapping: This is the person whose name and address shall be on the identification attached to the traps being used.

Number of Animals to be Removed: Estimate if exact number is not known.

APPLICANT CERTIFICATION: To be completed and signed by applicant.

APPROVAL: To be signed by WDFW staff.

MAIL TO: Department of Fish and Wildlife
Enforcement Program
600 Capitol Way North
Olympia, WA. 98501-1091

FAX: Enforcement Program FAX (360) 902-2155

PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY