

KENTUCKY DEPARTMENT OF FISH AND WILDLIFE RESOURCES
APPLICATION FOR A SPECIAL COMMERCIAL FISHING PERMIT

Name: _____

Address: _____
Street/route/box no., etc) City State Zip

Social Security #: _____

Telephone No. _____
(area code)

Assistant's Name: _____

Address: _____
Street/route/box no., etc) City State Zip

Telephone No.: _____
(area code)

I am applying for a Special Commercial Fishing Permit with the full realization that the requirements listed on the permit and in 301 KAR 1:140 are binding upon me and anyone I designate as assistant. I further realize that this permit can be revoked without refund if the Commissioner finds that I, as permittee, or my assistant has violated any provision of the permit, regulation 301 KAR 1:140 or other applicable Department of Fish and Wildlife statutes or regulations.

Signed: _____