



KDFWR PUBLIC AREA TRAPPING REGISTRATION FORM

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Trapping License #: _____

Name of KDFWR public land (s) on which you will trap:

Note to Trapper: All statewide and KDFWR public area trapping regulations apply. This registration form must be signed by the KDFWR Public Lands Manager/Biologist prior to beginning any trapping activities.

Trapper Printed Name _____

Trapper Signature _____ Date: _____

KDFWR Public Lands Manager/Biologist Printed Name _____

KDFWR Public Lands Manager/Biologist Signature _____

Date _____

Note to KDFWR Manager/Biologist: Send one copy to the local Conservation Officer and Regional Coordinator. If this permit is issued for trapping on Corps of Engineers Lands, give one copy to the Resource Manager or Division Office if no Manager is living on the area.