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.