☐ New ☐ Renewal – Current Permit # (Required)

**Kentucky Department of Fish and Wildlife Resources** 

ATTN: Annual Transportation

#1 Sportsman's Lane Frankfort, KY 40601



## **Annual Transportation Permit Application**

APPLICANT INFORMATION			
Name of Applicant (First, Middle Initial and Last Name):  Social Security # or Federal Tax I.D. #:		Office Use Only Date: Reviewed by: Approved: Yes No	
Mailing Address:		Kentucky Resident Yes No	
		County (if resident)	
City:		State:Zip Code:	
Phone:	Email:		
PAYMENT INFORMATION			
Total Amount Enclosed:		GX	
Commercial License & Fees: fw.	ky.gov/Licenses/Pages/Comr	mercial-License-Fees.aspx	
Statement of Fact: (Required	by KRS 164.772)		
Kentucky Higher Education Assis	stance Authority. I understar	ment obligation under any financial assistance program with nd that if I am in arrears or default on a repayment obligatio Education Assistance Authority, my license or permit may no	
Statement:	0.		
	's employees shall be release that I have read and under		
Signature:		Date:	
X		<b></b>	
		Make Checks payable to <b>KDFWR</b>	
		Mail application and payment to:	

## **WILDLIFE TO BE IMPORTED**

THIS SECTION MUST BE FILLED OUT IN ITS ENTIRETY

LIST ADDITIONAL WILDLIFE SPECIES ON BACK

Common Name	Genus	Species	Quantity
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## **PURPOSE:**

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( ) Propagation for personal use ( ) Propagation for commercial u ( ) Education ( ) Dog Training Area ( ) Shootin  FEDERALLY PROTECT or endangered species). You mu species. (Certain institutions are  NATIVE SPECIES: Che Number (unless norther	( ) Traveling throuse ( ) Exhibition ( ) Other  ng Area  FED SPECIES: Check if youst provide a copy of your exempt from federal perreck if you plan to transpor	ugh KY ( ) Moving to KY  ou plan to transport Federally Protect USFWS Federal Permit for migratory mitting requirements for migratory by	birds or endangered irds per 50 CFR 21.12. Captive Wildlife Permit
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TO BE OBTAINED FROM □ S	AME AS ABOVE	To and From locations must be	different)
Name: Busine		Address:	-
Zip: County		Email:	
TO BE TRANSPORTED TO □	SAME AS ABOVE (	To and From locations must be	different)
Name: Busine	ess Name (if applicable): _	Address:	City, Stat
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Zip:Count			

## **INITIAL THE FOLLOWING STATEMENTS:**

wildlife.

I understand that any permit issued is void if the transaction involves any violation of federal or state wildlife laws or regulations.	
I understand that this permit is invalid unless accompanied by a Certificate of Veterinary Inspection from an accredited veterinarian indicating that the wildlife being transported under this permit are free of disease (except reptile and amphibians).	!S
_ I understand that all game birds must originate from a National Poultry Improvement Program (NPIP) certified flock. The NPIP flock number or both the test date and laboratory of the test shall be recorded on the Certificate of Veterinary Inspection.	,
Pursuant to 301 KAR 2:081 and 2:082, I understand that I must notify the Kentucky Department of Fish and Wildlife Resources of any amendments to the original application at least forty-eight (48) hours prior to any wildlife shipment by calling the department telephone number at 800-858-1549, Monday through Friday between 8:00 am and 4:30 pm or email <a href="mailto:FWPermits@ky.gov">FWPermits@ky.gov</a> .	1
_ I, the undersigned, shall indemnify and hold harmless KDFWR and all of its officers, agents, and employees from all suits, actions, or claims of any character because of any injuries or damages received by any person, persons, or proper resulting from the use of this permit, to the extent allowed by Kentucky law. No part of this agreement shall constitute, either directly or indirectly, a waiver of sovereign immunity granted under the Kentucky Constitution, Section 231, and the United States Constitution, Eleventh Amendment.	,
I understand that receipt and cashing of payment does not imply approval of permit request. Correct payment must accompany application.	
I certify and understand that my permit shall be revoked and/or denied and wildlife confiscated if I fail to compute with the provisions of this administrative regulation, 301 KAR 2:041, 301 KAR 2:082, 301 KAR 2:084, 301 KAR 2:195, 30 KAR 2:230, or 301 KAR 2:251, if I am convicted of a violation of KRS Chapter 150, any department regulation, or any federal statute or regulation related to hunting, fishing, or wildlife or if I falsify information on this application, reports, corresponding documents.	01
I certify that I have not been convicted for a violation of KRS Chapter 150, 301 KAR 2:081 and/or 301 KAR 2:082, the administrative regulations promulgated under its authority, or hunting, fishing, or wildlife laws of the federal government, within the denial period established in 301 KAR 2:081.	
I understand that I am responsible for following all federal and state laws, local ordinances, and rules regarding	ļ

I understand that I must also have a valid captive wildlife permit to possess native species <b>BEFORE</b> transporting them into KY. Exceptions for reptiles/amphibians: up to 5 individuals of each species of reptile and amphibian may be possessed for personal use without a captive wildlife permit. Exceptions for northern bobwhite quail: Up to 100 northern bobwhite quail may be possessed for personal use without a captive wildlife permit, provided they are not propagated or sold, legally obtained, and confining facilities meet the enclosure requirements in 301 KAR 2:081. Exceptions for temporary possession: Wildlife imported into KY for less than 10 days held in a temporary facility may be possessed without a captive wildlife permit. Moving to KY: A person in legal possession of wildlife that moves to Kentucky has 30 days to pass a facility inspection and apply for a captive wildlife permit.
I certify that I have read and understand the above, 301 KAR 2:081 and/or 301 KAR 2:082, and that all information contained in this application is correct.
Signature of Applicant Date  Make checks payable to KDFWR. Mail completed application and check or money order to:
The Kentucky Department of Fish & Wildlife Resources #1 Sportsman's Lane, Frankfort, KY, 4060l ATTN: Transportation Permit
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