

Individual Transportation Permit Application

☐ New ☐ Renewal – Curre	ent Permit # (Requ	uired)
APPLICANT INFORMATION		
Name of Applicant (First, Middle Initial and	d Last Name):	Office Use Only Date:
Social Security # or Federal Tax I.D. #:		Reviewed by: Approved: Yes No
Name of Business (if applicable)		& V
Mailing Address:		
City:		County (if resident) Zip Code:
Phone:	Email:	
PAYMENT INFORMATION		
Total Amount Enclosed:		SX
Commercial License & Fees: fw.ky.gov/Lic	censes/Pages/Comm	nercial-License-Fees.aspx
Statement of Fact: (Required by KRS 16	64.772)	
Kentucky Higher Education Assistance Aut	thority. I understan	ment obligation under any financial assistance program w nd that if I am in arrears or default on a repayment obliga Education Assistance Authority, my license or permit may
Statement:		
	rees shall be release ave read and unders	
Signature:		Date:
Nor		Make Checks payable to KDFW Mail application and payment to Kentucky Department of Fish and Wildlife Resources

ATTN: Transportation Permit

WILDLIFE TO BE IMPORTED

THIS SECTION MUST BE FILLED OUT IN ITS ENTIRETY LIST ADDITIONAL WILDLIFE SPECIES ON BACK

Common Name	Genus	Smaning	Quantity
Common Name	Genus	Species	Quantity
			CV
			AU
			Ç V

PURPOSE:

() Pet	
() Personal Use	
() Commercial Use	
() Propagation personal use	
() Propagation commercial Use () Exhibition () Education	
() Dog Training Area () Shooting Area	
() Shoot to Retrieve Field Trial	
() Bobwhite Quail Shoot to Train	
() Scientific Collection	
Educational Collection () Traveling through KY ()	Circus
() Moving to KY	
() Other	

Species (migratory birds or endange USFWS Federal Permit for migratory are exempt from federal permitting 21.12.)	ered species). You must provide y birds or endangered species. (0	a copy of your Certain institutions
 NATIVE SPECIES: Check if you plan Captive Wildlife Permit Number _ reptiles and amphibians, or tempore 2:081.) 	(unless north	nern bobwhite,
TO BE OBTAINED FROM □ SAME AS	S ABOVE (To and From location	ons must be different)
Name:		Business Name (if
applicable):City, State, Zip:		Address:County: Telephone:Email:
TO BE TRANSPORTED TO SAME A	AS ABOVE (To and From locat	ions must be different)
Name:	<u> </u>	Business Name (if
applicable):City, State, Zip:		Address: County: _ Telephone:
City, State, Zip.		Email:
DATE WILDLIFE WILL BE TRA	NSPORTED INTO KE	<u>NTUCKY</u>
Month:Day:Year:		
Will shipment be leaving KY?		
☐ Yes (Provide date below)☐ No (permit will be issued for a two (2) w	eek period from the indicated "to	o" date)
DATE WILDLIFE WILL BE LEA	VING KENTUCKY	
Month: Day:Year	r:	

INITIAL THE FOLLOWING STATEMENTS:

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 reptiles and amphibians).
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 elephone number at 800-858-1549, Monday through Friday between 8:00 am and 4:30 pix or email fwpermits@ky.gov .
_ 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 property 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 comply with the provisions of this administrative regulation, 301 KAR 2:041, 301 KAR 2:082, 301 KAR 2:084, 301 KAR 2:195, 301 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, or corresponding documents.
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 wildlife.

permit. Exceptions for nor possessed for personal use sold, legally obtained, and Exceptions for temporary temporary facility may be legal possession of wildlif apply for a captive wildlife. I certify that I have	amphibian may be possessed thern bobwhite quail: Up to without a captive wildlife p confining facilities meet the possession: Wildlife imported possessed without a captive that moves to Kentucky has	d for personal use version of the personal use version of the enclosure requirement of the enclosure requirement of the enclosure requirement. Moreover, 301 KAR 2:081	vithout a captive wild hite quail may be y are not propagated onents in 301 KAR 2:0 than 10 days held in a pving to KY: A person facility inspection and
Signature of Applicant		D	ite
The Kentucky Departme	nt of Fish & Wildlife Resonant of Fish & Wildlife Resonant Control of the Control	ces	Permit
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