Commercial Wildlife Control Operator WCO Permit Application

☐ New ☐ Renewal – Current Permit # (Required)

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 ☐

Name of Business (if applicable)

_____

Mailing Address: _____ Kentucky Resident Yes ☐ No ☐

_____ County (if resident) _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Total Amount Enclosed: _____ Commercial License & Fees: fw.ky.gov/Licenses/Pages/Fees.aspx

Statement of Fact: (Required by KRS 164.772)

I hereby state that I am not in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higher Education Assistance Authority. I understand that if I am in arrears or default on a repayment obligation under any financial assistance program with Kentucky Higer Education Assistance Authority, my license or permit may not be issued or renewed.

Statement:

I, the undersigned, hereby state that upon signing this instrument, the Kentucky Department of Fish and Wildlife Resources (KDFWR) and all of it's employees shall be released of any liability that might occur as a result of my issuance of this license or permit. I certify that I have read and understand 301 KAR 3:120 Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Signature: _____ Date: _____

Yes ☐ No ☐ Display your business phone number and collecting locality on KDFWR website?

Yes ☐ No ☐ Will you work statewide? If yes, collecting locality will show county of your business address.

Yes ☐ No ☐ Do you intend to use a gun in the course of WCO duties?

Make Checks payable to **KDFWR**

Mail application and payment to:
Kentucky Department of Fish and Wildlife Resources
#1 Sportsman's Lane
Frankfort, KY 40601
ATTN: WCO Permit

PROVIDE A COPY OF THE FOLLOWING DOCUMENTS (CHECK THOSE THAT APPLY):

☐ Commercial Wildlife Control Annual Report (Required for renewals)

☐ Proof of completion of the Kentucky Hunter Education Program or a course offered by another jurisdiction that meets course standards set by the International Hunter Education Association IF you will use a firearm for nuisance control purposes.

WILDLIFE TO BE CONTROLLED (**CHECK ALL THAT APPLY**):

☐ ALL SPECIES LISTED BELOW

☐ Bats ☐ Beaver ☐ Bobcat ☐ Chipmunk ☐ Coyote

☐ Foxes ☐ Groundhog ☐ Mink ☐ Muskrat ☐ Opossum

☐ Otter ☐ Rabbit ☐ Raccoon ☐ Rodents / Moles ☐ Skunk

☐ Snakes ☐ Squirrels ☐ Weasels ☐ Ducks / Geese* ☐ Birds*

*This permit only authorizes the holder to exclude, scare, or herd federally protected birds, other than threatened or endangered species and bald or golden eagles, in accordance with 50 CFR 21.41. Lethal control of federally protected birds requires a permit from the United States Fish & Wildlife Service.

**This permit does authorize the lethal control of unprotected, exotic birds (e.g. European Starlings, House Sparrows, & Pigeons).

INITIAL THE FOLLOWING STATEMENTS:

_____I certify that I have read and understand 301 KAR 3:120, and that all information contained in this application is correct. Visit this link to review WCO regulations: https://fw.ky.gov/Wildlife/Pages/Commercial-Wildlife-Control-Operator.aspx

_____ I certify that I have passed the Wildlife Control Operator Test and have a passing test score on file with KDFWR.

_____ I certify that by indicating my intent to use a gun in the course of WCO duties, I have provided proof of successful completion of the Kentucky Hunter Education Program or a course offered by another jurisdiction that meets the course standards set by the International Hunter Education Association with this application or have on file with KDFWR.

_____I certify and understand that my permit shall be revoked and/or denied if I fail to comply with the provisions of this administrative regulation, if I am convicted of a violation of KRS Chapter 150, the administrative regulations promulgated under its authority, hunting, fishing, or wildlife laws of the federal government, or if I falsify information on this application, annual report, or corresponding documents.

____ I certify that I have not been convicted for a violation of KRS Chapter 150, 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 3:120.

_____ I understand that any permit issued is void if the transaction involves any violation of federal or state wildlife laws or regulations.

___I, the undersigned, shall indemnify and hold harmless KDFWR and all 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 my holding of wildlife species in captivity based upon this authorization, 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 certify and understand that it is my responsibility to renew and possess a valid permit prior to the expiration date listed on the permit.

____I understand that receipt and cashing of payment does not imply approval of permit request. Correct payment must accompany application.

PRINT APPLICANT NAME **SIGNATURE** **DATE**

Mail completed application and check or money order to:

The Kentucky Department of Fish & Wildlife Resources,
#1 Sportsman's Lane, Frankfort, KY 4060l

ATTN: WCO Permit

Please List the Sub-permitted Individuals Working Under the Supervision of the WCO Permit Holder:

Name of Sub-Permit Holder: _____
Social Security # or Federal Tax I.D. #: _____
Date of Birth (must be at least 18): ___/___/
Email (Required):_____
Mailing Address: _____
City, State, Zip: _____
County: _____
Telephone (___)_____

Yes No
☐ ☐ Have you passed the WCO Test or the Wildlife Control Training Program?
Yes No
☐ ☐ Do you intend to use a gun in the course of WCO duties?

If Yes, provide proof of completion of the Kentucky Hunter Education Program or a course offered by another jurisdiction that meets course standards set by the International Hunter Education Association IF you will use a firearm for nuisance control purposes**.**

Signature:_____Date_____

Name of Sub-Permit Holder: _____
Social Security # or Federal Tax I.D. #: _____
Date of Birth (must be at least 18): ___/___/
Email (Required):_____
Mailing Address: _____
City, State, Zip: _____
County: _____
Telephone (___)_____

Yes No
☐ ☐ Have you passed the WCO Test or the Wildlife Control Training Program?

Yes No Do you intend to use a gun in the course of WCO duties?
☐ ☐

If Yes, provide proof of completion of the Kentucky Hunter Education Program or a course offered by another jurisdiction that meets course standards set by the International Hunter Education Association IF you will use a firearm for nuisance control purposes**.**

Signature:_____Date_____