

Shooting Area Permit Transfer Application

July 2012

Office Use Only _____

Reviewed by _____

Date _____

Permit Number _____

Applicant Information

Social Security # or FEIN (Required)

Name of Applicant

Shooting Area Name (if applicable)

Address

Zip

Bus. Phone

Home Phone

Email Address

Existing Shooting Area Information

Shooting Area Name

Location (Street Address and City)

County

Size of Shooting Area (acres)

Type of Preserve* (check one):

☐ Commercial

☐ Private

Species Available to Hunt (Check all that apply):

_____ Bobwhite _____ Pheasant _____ Chukar _____ Mallard _____ Hoofed Animals (Renewal Only)

My signature below indicates that I certify that I have read and understand the information included on this application and in 301 KAR 2:041. Further, I certify that all information contained in this application is correct. I agree to comply with all provisions of the regulation. I further certify that I have not been convicted of a fish and wildlife violation in the last year, including KRS Chapter 150, KAR Title 301 and federal fish and wildlife laws.

Receipt does not imply approval of permit request.

(Signature of Old Owner)

(Date)

(Signature of New Owner)

(Date)

(Conservation Officer Signature)

(Date)

Application Approved _____ or Denied _____

Mail completed application: KY Department of Fish and Wildlife Resources, #1 Sportsman's Ln, Frankfort, KY 40601 Attn: Shooting Area Permit

* For informational purposes only.