Captive Cervid Permit Application

Kentucky Department of Fish & Wildlife Resources

☐ New ☐ Renewal – Current Permit # (**Required**): _____

Facility Site Number (**Required**): _____

Office Use Only

Reviewed by:_____

Date: _____

Approved: ❑ YES ❑ NO

A. APPLICANT INFORMATION (Required)

Social Security # or Federal Tax I.D. #:_____

Name of Applicant: _____

Address: _____ County: _____

City: _____ State: _____ Zip:_____ Telephone: (____)_____

B. FACILITY INFORMATION (Required)

Facility Name (if applicable): _____

Approximate Size of Facility (acres): _____

Facility Address (if different from above): _____ County: _____

City: _____ State: _____ Zip: _____ Telephone: (____)_____

C. SPECIES to be/currently held in captivity (check all that apply) (**Required**):

☐ White-tailed Deer (O. virginianus) ☐ Rocky Mountain Elk (C. elaphus nelson) ☐ Fallow Deer (D. dama)

☐ Other (include scientific names):

_____

D. Are any of the species listed to be sold, traded or bartered?

☐ **Captive Cervid Permit -** $150.00 fee **To be renewed annually**

☐ **Noncommercial Permit -** $75.00 (only those grandfathered permits prior to March 1, 2016) **To be renewed every 3 years**

E. If this is a new application, who is supplying your stock?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____)_____

F. Are you leasing this facility? ☐ **YES** ☐ **NO** (If yes, landowner must complete section F-1 below. If no, skip to Section G.)

1. Landowner Name: _____ Telephone: (____)_____

   Address: _____ City: _____ State: _____ Zip: _____

   I, the land owner, certify that I approve of _____using my property to operate a captive cervid facility.

   Applicant's Name

G. 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 Higher Education Assistance Authority, my permit may not be issued or renewed.

H. I, the undersigned, hereby state that upon signing this instrument, the Kentucky Department of Fish and Wildlife Resources (KDFWR) and all of its employees shall be released of any liability that might occur as a result of my holding captive cervids (including farm-raised). I certify that I have read and understand 301 KAR 2:083. Further, I certify that, to the best of my knowledge, the information herein is correct and true.

Receipt and cashing of payment does not imply approval of permit request.

Correct payment must accompany application.

_____ _____

Signature of Applicant Date

Make checks payable to: KDFWR
Mail application and payment to:
Kentucky Department of Fish & Wildlife Resources
#1 Sportsman's Lane
Frankfort, KY 40601
ATTN: Captive Cervid Permit

KDFWR MUST RECEIVE ALL OF THE FOLLOWING IN ORDER TO PROCESS YOUR APPLICATION:

1) Signed application; 2) Correct payment; and 3) Signed Facility Inspection Form (to be completed and mailed in by your local KDFWR Law Enforcement Captain).