Revised 9/24/2015

KENTUCKY	Captive Cervid Permit Transfer Application	Office Use Only	
DEPT	Kentucky Department of Fish & Wildlife Resources	Reviewed by:	
LESO	Fee: \$0	Date:	
THE WILDING	Current Permit Number: Facility Site Number:	Approved: 🗆 YES 🗅 NC	
Purchaser/Les	ssee's Information (Required)		
Social Security	# or FEIN:		
Name of Applic	cant:		
Home Address	:		
City:	State:Zip:Telephone:	()	
	, certify that I have read and understand 301 KAR 2:083. (Print Name) ge, all information herein is correct and true.	Further, I certify that, to the bes	
	Signature of Purchaser/Lessee	Date	
	it Holder's Information (Required)		
Social Security	r # or FEIN (Required):		
Name of Curre	nt Permit Holder:		
Home Address	:		
City:	State:Zip:Telephone	: ()	
Facility Inform	nation (Required)		
Facility Name:	Facility Site Number:		
County:	Approximate Size of Facility (Acres):		
Address:			
City:	State:KYZip:Telephone	:: ()	
Species Currer	ntly Held in Facility (INCLUDE SCIENTIFIC NAMES):		
I, (Print Cu	, hereby certify that, to the best of my knowledge, all inform irrent Permit Holder's Name)	ation herein is correct and true.	
	Signature of Current Permit Holder	Date	
	Mail application and <u>copy of the deed of ownership change or lease ac</u> The Kentucky Department of Fish & Wildlife Resources #1 Sportsman's Lane Frankfort, KY 4060I ATTN: Captive Cervid Permit	<u>reement</u> to:	
	RECEIVE ALL OF THE FOLLOWING IN ORDER TO PROCESS YOUR APPL		