



BIRD TRAP PERMIT APPLICATION
FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
 Division of Habitat and Species Conservation, Wildlife Impact Management Section
 620 South Meridian Street, Tallahassee, Florida 32399-1600
BirdTrapPermits@MyFWC.com

(Please Print or Type)

Applicant Name: _____ Date of Birth: _____

Business Name, if Applicable: _____

Employee Designated as Central Point of Contact for Business, if Applicable: _____

Physical Address: _____

City: _____ State: _____ County: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ County: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

I authorize the FWC to send me requests for additional information and final agency permitting actions by either e-mail or express delivery. Future agency actions will be provided henceforth by email or express delivery.

Applicant Signature: _____ **Date:** _____

Certification: I hereby swear and affirm by signature that the information submitted in this application and supporting documents is complete and accurate to the best of my knowledge and belief. I understand State laws and rules governing wildlife and agree to comply with same. I understand applicants are subject to Florida Administrative Code Rule 68-1.010, General Regulations Relating to Licenses, Permits and Other Authorizations. I also agree to comply with the notification requirements for this permit.

Section 1: Application Type

- New application
- Renewal application
- Permit amendment

Section 2: Locations of Planned Trapping Activity (check all that apply):

- Business
- Private residence
- Other

If other, please specify: _____

Section 3: Targeted Species and Planned Disposition of Trapped Birds

[WIM 02] (07/19)

Incorporated by reference in Rule 68A-16.006, F.A.C.

