Arizona Game and Fish Department	**FOR DEPARTMENT USE ONLY**
	Date Received Region
	Date Reviewer Received
	Review Completion Date
	Approved Denied
PLEASE PRINT OR TYPE	Valid From To

****Social Security Number is voluntary-to be used for Sportsman's Database Only****

APPLICATION FOR WILDLIFE SERVICE LICENSE

FEE: NONE

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State ___ Zip _____

Department ID Number/SSN: _____ Email _____

Gender ___ Height ___ Weight ___ Eyes ___ Hair____

Business Name _____

Address _____ City _____ State ___ Zip _____

Telephone Numbers: Day _____ **Night** _____

Days of the week you will be available for service _____

General geographic area of service _____

List below all species or groups of species of wildlife for which authorization is requested:

_____

List methods of

_____

Attachments: Additional information required under R12-4-421

_____ Written narrative explaining applicant's experience in the capture, handling and removal of wildlife, specifying all species for which you have performed such function, referencing the general location and dates that such services were performed, methods used to carry out the activities and methods of disposition for the wildlife captured.

_____ Documentation that proves a minimum of six months full time employment or volunteer experience handling the wildlife listed above.

APPLICANT SIGNATURE: I certify the above is true and correct, and that my live wildlife privileges are not revoked in this or any other state or the United States. Date _____

Approved By Date _____

Print Form