

## APPLICATION

Fox – Coyote Transport Permit

Applicant's Name				Telep	hone # ()		
	(Last)	(First)	(M. Initial)				
Physical Address				(6))		(0)	( <b>-</b> ) - ) )
	(Street)			(City)		(State)	(Zip Code)
Mailing Address							
(if different from above)	(Street)			(City)		(State)	(Zip Code)
	(County)				(Email)		
Date of Birth			_ Driver's License #, S	State			
Trapping Id #			_				
I hereby certify that all information contained herein is accurate and truthful to the best of my knowledge. I have read and understand the rules and statutes pertaining to the transportation of wildlife in North Carolina, under 15A NCAC 10B .0409 and G.S. § 113-272.6, and agree to abide by these regulations. I understand that if I am issued a Transportation Permit, I will be responsible for the humane and ethical treatment of all wildlife obtained under that permit and that additional state licenses may be required for captivity. I also understand that the Commission may revoke my permit at any time and confiscate all wildlife in my possession should I violate any of these regulations or the conditions listed on my permit.					Send completed application to: NC Wildlife Resources Commission Regulated Activities Permits Section 1707 Mail Service Center Raleigh, NC 27699-1707		
It is the duty of the applicant to ensure that they are in compliance with all applicable local, state, and federal laws prior to submitting this application.				and	or Email to: <u>RAPS@ncwildlife.org</u>		
					(919) 707-0061	www.nc	wildlife.org
Applicant S	ignature		Date				