



Washington  
Department of  
**FISH and  
WILDLIFE**

# APPLICATION FOR PERMIT TO TRAP FOR WILDLIFE PROBLEM

Email to [specialtrapping@dfw.wa.gov](mailto:specialtrapping@dfw.wa.gov) or fax to 360-902-2162

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ WCO #: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

## LOCATION OF WILDLIFE PROBLEM

<b>COUNTY:</b> _____	
GPS in Decimal degrees, e.g. 47.03788, -122.89838	
Lat _____	Long _____
Lat _____	Long _____
<b>Acres:</b> _____	
Description of Wildlife Problem: (Please print clearly)	
(Physical address)	

Species and number(s) of animals to trap:

Species: \_\_\_\_\_ Number: \_\_\_\_\_  
 Species: \_\_\_\_\_ Number: \_\_\_\_\_  
 Species: \_\_\_\_\_ Number: \_\_\_\_\_

### Nonlethal Methods Used:

- Electric Fencing       Other: Please list below  
 Guard Animal  
 Other Fencing  
 Live Trap  
 Hazing

### Results/Justification

- Ineffective       Not Applicable  
 Explain: \_\_\_\_\_

### Method Requested

- Padded foothold trap  
 Nonstrangling type foot snare  
 Conibear type trap in water

### Who Will Do Trapping

- Applicant       Other (list below)

**APPLICANT CERTIFICATION:** I certify under penalty of perjury that the information provided above is true and correct and the animal problem has not been and cannot be reasonable abated by the use of nonlethal control tools or such nonlethal means cannot be reasonably applied. **I agree to follow and comply with any requirements of a permit issued pursuant to this application.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**WDFW APPROVAL:** The Washington Department of Fish and Wildlife (WDFW) has reviewed and certified the information provided above and finds that an animal problem potentially exists and that it cannot be reasonable abated by the use of nonlethal control tools or such nonlethal means cannot be reasonably applied. The issuance of a permit to this applicant for the requested removal constitutes approval by the WDFW.

# GUIDELINES FOR COMPLETING AN APPLICATION FOR A PERMIT TO USE TRAPS FOR AN ANIMAL PROBLEM

## PURPOSE:

These procedures are to be followed in order to comply with the provisions of RCW 77.15.194 and WAC 232-12-142 for a special permit to abate an animal problem. A person must submit a written application to WDFW to request the use of a Conibear trap in water, a padded foothold trap, or a non-strangling type foot snare to alleviate an animal problem. The applicant must establish that there exists on a property an animal problem that has not been and cannot be reasonable abated by the use of non-lethal control tools, including but not limited to guard animals, electric fencing, or box and cage traps, or such non-lethal means cannot be reasonable be applied. WDFW must make a finding in writing that the animal problem has not been and cannot be reasonably abated by non-lethal control tools or the tools cannot be reasonably applied before the Director may authorize the use, setting, placing, or maintenance of the traps for a period not to exceed thirty days.

## PROCEDURES:

- **Applicant Information:** The company name and point of contact, land or property owner, manager, tenant, or occupant; or the person who will be requested to do the trapping. If WCO, please provide WCO Certification number.
- **Location of Wildlife Problem:** Please provide the county. Where does the animal problem exist? Entries must be an address or Global Positioning (GPS) in decimal degrees (e.g. 47.03788, -122.89838). GPS can be obtained from Google maps, etc... It is assumed that trapping will be done within ¼ mile radius of the GPS location provided. Attach addition pages as necessary.
- **Description of Wildlife Problem:** Include the type of problem an animal is creating, damage being done, extent of damage, how long it has been occurring, why it is necessary to trap the animal(s), etc.
- **Species:** Common name of animal you wish to trap.
- **Number of Animals to be Removed:** Estimate if exact number is not known.
- **Nonlethal Methods Used:** Check the box(s) that apply. **Other** would be checked if you attempted anything other than one of the listed methods. Provide an explanation of this method.
- **Results/Justification:** Check the appropriate box – **Ineffective** (Non-lethal methods used did not alleviate the animal problem; **Not applicable** (Non-lethal means could not be reasonably applied). **Explain** why the means could not be reasonably applied.
- **Method Requested:** These are the only types of traps allowed under RCW 77.15.194, which may be authorized under a permit. (Select one or more)
- **Who Will do the Trapping:** This is the person whose name and address shall be on the identification attached to the traps being used.

**APPLICANT CERTIFICATION:** To be completed and signed by applicant.

**AGENCY APPROVAL:** Permit is issued.

**EMAIL TO:** [specialtrapping@dfw.wa.gov](mailto:specialtrapping@dfw.wa.gov)

**FAX:** Wildlife Program FAX (360) 902-2162

**MAIL TO:** Department of Fish and Wildlife  
Wildlife Conflict Program  
PO Box 43200  
Olympia, WA. 98504-3200

PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY