

**STATE OF WYOMING
OFFICE OF STATE LANDS AND INVESTMENTS**

APPLICATION FOR PERMISSION TO TRAP ON STATE TRUST LANDS

Should such permission be granted, the individual(s) engaged in trapping activities may take animals under applicable federal and state trapping laws and regulations and all other laws associated with recreational use of state trust lands. Permission from the Director of the Office of State Lands and Investments is required prior to trapping on state trust lands.

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____
P.O. Box or Street Address City State Zip Code

TELEPHONE: (____) _____

PROPOSED PERIOD TO TRAP ON STATE TRUST LANDS:

FROM: _____ / _____ / _____ TO: _____ / _____ / _____
 Month Day Year Month Day Year

LEGAL DESCRIPTION OF STATE LAND WHERE YOU WANT TO TRAP:

SECTION _____ TOWNSHIP _____ RANGE _____ COUNTY _____

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TYPE (S) OF TRAPS TO BE USED: _____

SPECIES OF ANIMALS TO BE TRAPPED: _____

WYOMING GAME AND FISH FURBEARER-TRAPPING LICENSE NUMBER (if applicable):

The undersigned hereby agrees to comply with all Rules and Regulations of the Board of Land Commissioners, the Wyoming Game and Fish Commission and any other applicable laws.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

THIS SECTION TO BE COMPLETED BY THE SURFACE LESSEE AND OBTAINED BY THE APPLICANT. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.

SURFACE LESSEE'S NAME: _____ GRAZING LEASE NO: _____

TELEPHONE NUMBER: _____

SURFACE LESSEE'S COMMENTS:

SURFACE LESSEE'S SIGNATURE: _____ **DATE:** _____

DIRECTOR'S ACTION, COMMENTS, LIMITATIONS:

A COPY OF THIS PERMISSION TO TRAP MUST BE IN THE TRAPPER'S POSSESSION WHILE TRAPPING ON STATE TRUST LAND.

PERMISSION TO TRAP AS DESCRIBED ABOVE IS LIMITED TO THE TIME PERIOD INDICATED ABOVE AND SHALL NOT EXCEED A TERM OF ONE YEAR FROM THE DATE OF SIGNATURE BELOW.

DIRECTOR'S SIGNATURE: _____ **DATE:** _____

Director
Office of State Lands and Investments