



**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](mailto: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.

