Permit Application for State Land Trapping
Permit is valid from November through March 31.

Part I: General Information

1. Applicant Name: ____________________________
   Mailing Address: ________________________________
   City/Town: __________________ State: _______ Zip Code: ________
   Phone: ______ ext.: ______
   *E-mail: ____________________
   *By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from “ct.gov” addresses. Also, please notify DEEP if your e-mail address changes.

2. Date of Birth: __________________________

3. Advanced Trapper Education Certificate #: __________________________

4. Current Trapping License or Conservation ID #: __________________________

5. Select the trapping units you want to apply for and enter the applicable total fee:

<table>
<thead>
<tr>
<th>Trapping Units</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit 1 – Western District</td>
<td>$120.00</td>
</tr>
<tr>
<td>Unit 2 – Eastern District</td>
<td>$120.00</td>
</tr>
</tbody>
</table>

*The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.

Part II: Certification

“I certify that I have not been convicted of violating any Connecticut statute or regulation governing trapping in any of the trapping seasons occurring in the past three years from the signed date of this application.

By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above.”

Signature of Applicant: ____________________________ Date: ____________

Note: Please submit this completed Application Form and Fee to:

WILDLIFE DIVISION
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

For additional assistance, contact the Wildlife Division at 860-424-3011.