



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
Phone: (515) 725-8200 www.iowadnr.gov

CASHIER'S USE ONLY
0233-542-0092-MG-0642
Business Name
Full Name

NUISANCE WILDLIFE CONTROL OPERATOR PERMIT APPLICATION

APPLICANT INFORMATION:

Full Name: Last First Middle

Address: Address City State Zip Code

Phone Number:

Birth Date: Years of Trapping Experience:

Business Name:

Business Address if different from above:

Business Phone if different from above:

Email Address: Website:

I would like my business to be posted on the DNR Website Yes No

Signature of Applicant: Date:

Conservation Officer Signature: Date:

OFFICE USE ONLY

Test Score #1: Date of Test: Officer Initials:

Test Score #2: Date of Test: Officer Initials:

If test failed: Explain timetable for re-testing

Send to Karmin Klingenberg at Central Office:

- Completed application Signed copy of "Terms of Permit"
Completed test with score \$25.00 Administration Fee

Multiple offender file checked: Date: Officer Initials: