



Wildlife Division
 4034 Fairview Industrial Dr SE
 Salem, OR 97302
 Phone: 503-947-6315

Wildlife Control Operator Permit Application

\$62.50 non-refundable biennial permit fee

WCO Number: _____

Applicant's Name: _____ Bus. Phone _____

Registered Bus. Name: _____ Fax: _____

Are you the owner? YES / NO* * If no, attach letter from owner of company, on company letterhead, designating you as the applicant for the business.

Attach business information to your application: individual, partnership, corporation, Limited Liability Company or other legal entity. (Refer to OAR 635-435-0015(3) (b) A, B, C.)

Address: _____ City: _____ State: _____ Zip: _____

Mailing Add: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell: _____

Social Security* #: _____ DOB: _____

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain (attach additional sheet if needed):

Employees: None

Employees must take and pass the WCO test. A \$25 nonrefundable test administration fee must be paid at the time of the test. The Permittee takes responsibility for all actions of employees working under the permit. By signing you attest this information to be true and accurate. Be sure to complete all sections legibly. (Please use Additional Sheets if Needed)

Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	

Have you taken and passed the required WCO test? YES / NO

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:

Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	

Have you taken and passed the required WCO test? YES / NO

Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:

Indicating what species you work with:

As a service to homeowners and landowners, ODFW lists this information on the website. (Ex: beaver, raccoon, skunk, etc.). This permit does NOT cover any game mammals, game birds or domestic animals.

Vehicle(s) that your business uses or will use to transport wildlife:

Year		Year		Year	
Make		Make		Make	
Model		Model		Model	
License Plate #		License Plate #		License Plate #	

Year		Year		Year	
Make		Make		Make	
Model		Model		Model	
License Plate #		License Plate #		License Plate #	

Continuing Education – Renewals ONLY

List continuing education, training, pertaining to wildlife control operator. **Attach proof of completion.**

Name of Employee: _____

Class / Workshop / Training / Meeting Name	Date	Location	Hrs.	Facilitator / Trainer / Teacher

Have you read and understand the current Wildlife Control Operator Oregon Administrative Rules? YES / NO

Signature of Applicant: _____ Date: _____

By signing you attest this information to be true and accurate. Providing false information may be cause to revoke or deny your permit. * (required per ORS 25.780-.785)

PAYMENT METHODS (\$62.50 non-refundable fee): For those wishing to pay for a Wildlife Control Operator Permit application by credit card, check or money order; please complete the section below. Cash transactions are only accepted in person at the ODFW Headquarters Office in Salem.

Check/Money Order to ODFW enclosed

Credit Card information provided

Submit complete application packet with credit card payment information to ODFW secure fax line at: 503-947-6117 or by postal mail to:

Oregon Department of Fish and Wildlife
4034 Fairview Industrial Drive SE
Salem OR 97302

DO NOT EMAIL PAYMENT INFORMATION

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit Card #: _____ Exp. Date: _____ CVC #: _____ Signature: _____
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Additional Employees:

Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	
Have you taken and passed the required WCO test? YES / NO			
Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:			
Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	
Have you taken and passed the required WCO test? YES / NO			
Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:			
Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	
Have you taken and passed the required WCO test? YES / NO			
Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:			
Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	
Have you taken and passed the required WCO test? YES / NO			
Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:			
Employee Name:		Phone #:	
Address:		SSN*:	
City, State, Zip		DOB:	
Have you taken and passed the required WCO test? YES / NO			
Have you been convicted, admit to, a violation of a wildlife law, rule, or permit violation, issued under wildlife laws in the last 5 yrs?: YES / NO If yes, explain:			

Name of Employee: _____

Class / Workshop / Training / Meeting Name	Date	Location	Hrs.	Facilitator / Trainer / Teacher

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