



Oregon Department of Fish & Wildlife
Wildlife Control Operator
Add an Employee Application

FOR OFFICIAL USE ONLY
Date: _____
Approved By: _____

NEW EMPLOYEE: Complete the following information, print legibly

Name: _____ *SSN#: _____ DOB: _____
Home Address: _____
City, State and Zip Code: _____
Cell Phone: () _____ Email: _____

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

If yes, please explain: _____

Employee: By signing you attest this information to be true and accurate. Providing false information may cause a denial of this request.

Signature of employee: _____ Date: _____

Permittee: By my signature, I acknowledge that I will be held accountable for the employee's actions and understand that any violation of the WCO administrative rules could result in revocation of my WCO permit.

Printed Name of Permittee: _____ Permit #: _____

Signature of Permittee: _____ Date: _____

Remove an employee from your permit: (more than one employee can be listed in this section)

Employee Name(s): _____

Permittee: By my signature, I hereby authorize the above changes to the list of employees.

Printed Name of Permittee: _____ Permit #: _____

Signature of Permittee: _____ Date: _____

Please submit this form to: Oregon Dept. of Fish & Wildlife
Wildlife Division – Permits Coordinator
4034 Fairview Industrial Drive SE
Salem, OR 97302
Fax: 503-947-6330

*required per ORS 25.780-785