



Oregon Department of Fish and Wildlife
Wildlife Control Operator Permit
Employee Change Form

FOR OFFICIAL USE ONLY

Date: _____

Approved By: _____

Please submit this application by Email: Wildlife.Permits@odfw.oregon.gov

Permitee Name: _____ **Permit No:** _____

Permitee Business Name: _____

ADD an employee to permit:

Employee Last Name: _____ Employee First Name: _____

Employee Date of Birth: _____ Date Employee Passed WCO Test: _____

Have you been convicted of, or admitted to, a violation of a wildlife law (under the Interstate Wildlife Violators Compact), or rule, or permit issued under the wildlife laws within the previous five years?

YES / NO If yes, please explain: _____

Employee: By my signature, I attest the above information to be true and accurate. I acknowledge providing false information may cause a denial of this request.

Signature of **Employee:** _____ Date: _____

Permitee: 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.

Signature of **Permitee:** _____ Date: _____

REMOVE an employee from permit:

Businesses must notify the Department within 14 business days of termination or removal of an employee listed on their WCO permit. (OAR 635-435-0015 [10])

Employee Last Name: _____ Employee First Name: _____

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

Signature of **Permitee:** _____ Date: _____
