

**Nebraska Department of Agriculture
Animal and Plant Health Protection Division
P.O. Box 94668
Lincoln, NE 68509**

DOMESTICATED CERVINE ANIMAL FACILITY PERMIT APPLICATION

New

Renewal

I. **Owner/Lessor (circle one) of domesticated cervine animal facility. DCA #:** _____

Facility name: _____

Facility contact name: _____

Mailing address: _____ Telephone: (____) _____

City/state/zip: _____

Type of Operation:			
<input type="checkbox"/> Headquarters	<input type="checkbox"/> Feeding	<input type="checkbox"/> Breeding	<input type="checkbox"/> Hunting

Entity Type: Partnership

Corporation

Sole Proprietorship (must complete United States Citizens Attestation section below)

United States Citizenship Attestation Form		
If your facility is a "Sole Proprietorship," you must complete this section.		
For the purpose of complying with <u>Neb. Rev. Stat.</u> §§4-108 through 4-114, I attest as follows:		
<input type="checkbox"/> I am a citizen of the United States.		
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and ATTACHED is a copy of my issued USCIS card.		
I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.		
_____	_____	_____
Print Name	Signature	Date

Are there multiple premises (sites) for your herds? Yes No If yes, how many? _____

A separate application must be complete for each premises which has a unique legal description.

II. **Legal description for location of domesticated cervine animal facility(ies).**

County: _____ Section: _____ Township: _____ Range: _____

Regarding the nature of your title to the land: Own and/or Lease

A separate application should be completed for each facility which has a unique legal description.

III. Inventory of cervine animals on the facility (including boarded animals) as of the application date:

	Animals over 12 months	Animals less than 12 months
Number of Indigenous:		
Elk	_____	_____
Mule Deer	_____	_____
Other _____	_____	_____
Number of Non-Indigenous:		
Sika	_____	_____
Fallow	_____	_____
Other _____	_____	_____
Totals:		

IV. Calculation of facility permit fee: (fee to accompany application)

Total animals 12 months or older _____ X \$2.50 = _____ (\$25 minimum / \$200 maximum)

V. Multiple owner(s) of cervidae herds residing (lessees and lessors) at the facility as of the application date. (If there are more than two (2), please list additional owners on a separate sheet of paper.)

1) Herd ID # (old herd registry #): _____ Owner name: _____
 Residence address: _____ Telephone: _____
 City/state/zip: _____
 Total # of animals over 12 months of age: _____ Total # of animals less than 12 months of age: _____
 Elk _____ Mule Deer _____ Sika _____ Fallow _____ Other _____

2) Herd ID # (old herd registry #): _____ Owner name: _____
 Residence address: _____ Telephone: _____
 City/state/zip: _____
 Total # of animals over 12 months of age: _____ Total # of animals less than 12 months of age: _____
 Elk _____ Mule Deer _____ Sika _____ Fallow _____ Other _____

VI. Hunting of domesticated cervine animals:

Do you intend to hunt domesticated cervine animals on the permitted facility? Yes No

Approximately how many animals will be harvested by hunting during the year for which the permit is requested? Total number: _____

Do you wish to order seals/tags? Yes No If yes, how many? _____

Signature of Permit Applicant: _____ **Date:** _____

Electronic Check Re-presentation Policy: In the event your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically. In the ordinary course of business, your check will not be provided to you with your bank statement, but a copy can be retrieved by contacting your financial institution.

Make checks payable to: Nebraska Department of Agriculture

Payment by credit card: Card type: MC Visa
 Card #: _____
 Expiration date: _____
 Name on card: _____