



FERAL SWINE TRANSPORTER LICENSE APPLICATION

Return to: Animal Industry Division, 2800 N Lincoln Blvd, Oklahoma City, OK 73105
Fax: 405-522-0756, Email: nichole.carrillo@ag.ok.gov

Name: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address (if different from than above): _____

City: _____ Zip: _____ County: _____

Driver's License Number: _____

Description of vehicle(s) and tag number of vehicle(s) used to transport feral swine: _____

Location(s) where feral swine are typically transported: _____

Has the applicant(s) been convicted of a felony, misdemeanor, administrative, or civil violation of any natural resource requirements, including but not limited to forestry, fisheries, environmental, domestic, or wildlife animal health within the last 3 years in Oklahoma or any other jurisdiction? Or, has the applicant(s) had any equivalent license denied, revoked, or suspended by any authority, except in accordance with the provisions of 2 O.S. § 6-514?

Yes No

If Yes, attach a list and description of all offenses.

Enclose \$25.00 payment with application by check, money order, or credit card (see below).

Name on Card _____ Expiration Date Month _____ Year _____

Card No. _____ Security Code _____ Amount _____ Visa Mastercard Discover

"I, the licensure applicant, certify under penalty of law this document, all attachments, and information submitted are to the best of my knowledge and belief true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fines for each violation. Furthermore, I acknowledge that I have read and understand the Feral Swine Control Act and applicable administrative rules."

Signature of Applicant: _____ Date: _____

**RETURN TO: ANIMAL INDUSTRY SERVICES
2800 N LINCOLN BLVD, OKLAHOMA CITY, OK 73105
FAX: 405-522-0756, EMAIL: nichole.carrillo@ag.ok.gov**

FOR OFFICE USE ONLY

Approving Signature: _____ DATE: _____

Receipt # _____ Amount _____