



## 2024 – 2025 Supplemental Trapping Permit Declaration

Name: \_\_\_\_\_

Producer's Name(s): \_\_\_\_\_

County: \_\_\_\_\_

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By signing below, I certify that I have received permission to conduct livestock protection trapping efforts from the above-mentioned producer(s). By signing below, I also certify that I will retain a copy of this declaration on my person when conducting livestock protection trapping efforts, and that, in the event I am asked to produce a copy of this declaration by Montana Fish, Wildlife & Parks enforcement personnel, I will produce this declaration.

I declare under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Date and Place

\_\_\_\_\_  
Signature