



FERAL HOG AIRBORNE ERADICATION PERMIT APPLICATION

**Primary Permit Holder (Landowner or Lessee)**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you the owner of the land where hogs will be eradicated? YES NO

Do you hold a current Arkansas Hunting license? YES NO

Has your license ever been revoked? YES NO

If Yes explain: \_\_\_\_\_

Type of weapon that will be used to eradicate feral hogs:

- Shotgun
- Simi-Auto center fire
- Fully- Auto center fire  Permit or registration # \_\_\_\_\_

Describe in detail, containing facts as well as opinion, as to why the permit should be issued for the management of feral hogs by the use of aircraft, including the purpose for which the permit will be used, specifically identifying whether the permit is necessary (information must include the approximate number of hogs to be managed).

\_\_\_\_\_

**For the protection of (circle all that apply):**

<b>Land</b>	<b>Water</b>	<b>Wildlife</b>	<b>Livestock</b>	<b>Domestic Animals</b>
<b>Timber</b>	<b>Crops</b>	<b>Human Life</b>	<b>Other:</b>	

**Secondary Permit Holder (Pilot or Aircraft)**

Pilot Name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Description of the aircraft used**

Make: \_\_\_\_\_ Color: \_\_\_\_\_  
 Model: \_\_\_\_\_ Reg. or N #: \_\_\_\_\_

**Landowner(s) or Association information (if permit holder is not the landowner)**

I (we) herby grant permission to the above-mentioned permit holder to inter onto my (our) property for the purpose of managing feral hogs using an aircraft and as provided in the rule for the purposes stated in the rule and for no other reason.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt./unit #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt./unit #: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt./unit #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Apt./unit #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Land Description

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

# of acreage: \_\_\_\_\_

Address: \_\_\_\_\_

Or Lat. and Long: \_\_\_\_\_

Describe in detail the landscape and surrounding area; i.e. row crop, pasture, high sloping areas, near waters of the state, intersecting roadways, etc.. (an attached map is encouraged):

[Empty text box for landscape description]

Describe in detail the Flight plan (route or area planned to survey)

[Empty text box for flight plan description]

Have surrounding residential landowners been notified of the flight plan?

YES

NO

**(no may result in permit denial)**

If yes, are there exceptions to the flight plan? \_\_\_\_\_

Does this property adjoin a major state or county highway?

YES

NO

**Permit limits (Office use only)**

<b>Feral Hogs limited</b>	<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>
<b>Number of days limited</b>	<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>
<b>Number of hours limited</b>	<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>
<b>Time period for this permit:</b>	Effective date: _____ Expiration date: _____		

**Permit Number: 209-01-\_\_\_\_\_**

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge.

I understand that the Department will provide immediate notification to the FBI of issuance of the application, and that the permits holders' information will also be provided to federal authorities in an annual report as required by federal law.

Signature  
(Landowner  
or Lessee): \_\_\_\_\_ Date: \_\_\_\_\_

Signature  
(Pilot or  
Aircraft): \_\_\_\_\_ Date: \_\_\_\_\_