



2024 – 2025 Supplemental Trapping Permit Declaration

Name: _____

Producer’s Name(s): _____

County: _____

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