



Application for a Domesticated Cervid Permit

License valid through September 30th

New application* Renewal application Adding additional facility under existing permit Terminate license ** License No. _____

SECTION 1: Number of head on all facilities (regardless of age)

Total Head Count _____

To renew online, visit Kelly Solutions at www.kellysolutions.com/ks/renewals.

To renew by mail, send this form accompanied by check made payable to:

Kansas Department of Agriculture Division of Animal Health.

Number of Cervids**	License Fee
1 to 19	\$75.00
20 to 49	\$125.00
Over 50	\$175.00

SECTION 2: Owner Information

Owner's Name _____ Phone _____ Fax _____

Owner's Address _____ City _____ County _____ State _____ Zip _____

Phone _____ Email Address _____

Partnership LLP or LP LLC Corporation Individual/Sole Proprietor

Have you ever been convicted of any crime, an essential element of which is misstatement, fraud or dishonesty? Yes No

Have you ever been convicted of theft or cruelty to animals? Yes No

Have you ever been convicted of poaching or illegally obtaining cervid(s) to add to your herd? Yes No

If yes to any of the above, please explain:

SECTION 3: APPLICATION TERMINATION

If not renewing, select one of the options below:

- Operation no longer requires licensing.
- Operation is no longer in business.
- Operation has sold. (If known, please provide contact information for new owner below.)

New Owner _____ Phone _____ Email _____

Other: _____

*K.A.R. 9-3-7 (c) Each applicant shall submit the application for a domesticated cervid permit at least 30 days before taking possession of any domesticated cervid

**If terminating license, only complete Section 3

***K.A.R. 9-3-6(g) "Cervid" means any member of the family Cervidae and hybrids, including deer, elk, moose, caribou, reindeer, and related species

K.A.R. 9-3-6(t) "Domesticated cervid" means "domesticated deer" as defined in K.S.A. 47-2101

K.S.A. 47-2101 defines "domestic deer" to mean any member of the family cervidea that was legally obtained and is being sold or raised in a confined area.

For Office Use Only - Revised 07/21

DD _____ \$ _____ Transaction # _____ CC/CK# _____ Entered by: _____ Date Entered: ___/___/___

SECTION 4: Facility Information

Please complete facility information for all domesticated cervid facilities that will be covered by this permit. Any premises with domesticated cervid not documented with this permit application will be considered a separate facility and will be required to be permitted under a separate application. The required permit fee is based on the total number of cervids present on all listed facilities. If you would like to get a premises identification number (PIN) for each facility, please visit our website at <http://agriculture.ks.gov/ahforms> and select Premises Identification Number Registration Form.

Facility 1	Breeding Facility	Hunting Facility	In the CWD Program? Yes		No
Facility Name			Contact Person (Print)		
Physical Address of Animal Location			E-Mail Address		
City		State	Zip	County	Phone
Type of identification used: Ear Tattoo		Ear Tag	Electronic Tag	Implant Microchip	Location of Microchip (if used) _____ Other: _____
Directions to facility					
Species and head count					

Facility 2	Breeding Facility	Hunting Facility	In the CWD Program? Yes		No
Facility Name			Contact Person (Print)		
Physical Address of Animal Location			E-Mail Address		
City		State	Zip	County	Phone
Type of identification used: Ear Tattoo		Ear Tag	Electronic Tag	Implant Microchip	Location of Microchip (if used) _____ Other: _____
Directions to facility					
Species and head count					

Facility 3	Breeding Facility	Hunting Facility	In the CWD Program? Yes		No
Facility Name			Contact Person (Print)		
Physical Address of Animal Location			E-Mail Address		
City		State	Zip	County	Phone
Type of identification used: Ear Tattoo		Ear Tag	Electronic Tag	Implant Microchip	Location of Microchip (if used) _____ Other: _____
Directions to facility					
Species and head count					

I attest to the veracity of the aforementioned information.

Signature of Applicant	Date
Print Name	