Name:		Cell #:	
Mailing Address		Home #:	
Mailing Address:			Email:
Physical Address: ——			
Driver's License #:		_	
Description of vehicles used to transport feral swine (including Make, Model & License Tag Numbers):	Year/		License
	Make:	Model:	Plate #:
	Year/		License
	Make:	Model:	Plate #:
	Year/		License
	Make:	Model:	Plate #:
Brief statement describing the area and parishes wherein the applicant typically transports feral swine:			
Please return this application by mail	, fax or email to:		806 225-237-5555 (fax)
For Office Use Only			
Date Received: AUTHORIZATION #: LDAF Personnel Signature:			