



Washington
Department of
**FISH and
WILDLIFE**

Wildlife Control Operator Certification Application Form

Mail, Fax, or Email back to:
WDFW, Wildlife Program
PO Box 43141
Olympia, WA 98501
Fax: 360-902-2162
Email: specialtrapping@dfw.wa.gov

Office Use Only

- Trapper Certificate
- Age 18 years or above
- Completed WCO certification course
- No Fish & Wildlife GM conviction (Last 3 years)
- No Felony/DV conviction (no time limit)
- Paid enrollment fee of \$50 (first time WCOs only)

Issued WCO Permit: # _____

SECTION A:

Company Name: Email:

Last Name: Legal First Name: Middle Name:

Address: City: State: Zip:

Phone Number: Business Phone: Date of Birth: Trappers#

Have you been previously certified as a WCO? Yes No If yes, provide WCO certification # Expiration:

WCO course date: Location of Course: Please list me on the WDFW WCO web page? Yes No

Animals willing to trap:

Counties in which you trap:

SECTION B:

- Have you been convicted of a gross misdemeanor or fish and wildlife violation with the last 3 years? Yes No
- Have you ever been convicted of a felony? Yes No
- Are you ineligible to possess a firearm because of a domestic violence conviction? Yes No

SECTION C: (Please read and sign below)

My signature below indicates that I hereby release, indemnify, and promise to defend and hold harmless, the Department from and against any all liability, loss, damage, expense, actions, and claims, including costs and reasonable attorney's fees incurred by the Department in defense, thereof, asserted or arising directly on account of or out of acts or omissions of me and my agents, employees, and contractors, in the exercise of the rights obtained via this permit.

My signature below also indicates that I understand the Department may revoke my wildlife control operator certification application if I answered Yes in Section B and have not had my firearm possession rights restored. I further certify that under penalty of perjury I have not committed a felony or crime of moral turpitude and that I will accept my responsibility as a Department of Fish and Wildlife, Wildlife Control Operator. I understand that any misrepresentations or concealment of material fact will be sufficient grounds for rejection of my application for certification. I also understand that a background investigation will be conducted as part of this application process. I hereby authorize such action by my signature below.

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

Signature: _____ Date: _____

How to fill out the WCO application form:

Filling out Section A:

- 1.) This form can be used for both new applications and renewals. WCO permits are good for 3 years from date issued. Whether issued for an individual, or company, every employee must submit an application.
- 2.) Identify Company name and e-mail address. If you do not have a company name and e-mail, continue to the personal information and continue filling out the form. If you'd like to use an alternate e-mail, you may do so in the space provided.
- 3.) You MUST identify your FULL LEGAL name and date of birth, including your address and phone number. If you have a business phone you'd like to use for nuisance calls, please identify that number under the "Business Number." If you prefer, or if you do not have a business number, you may identify another contact number by entering it under "Phone Number." Just remember that WDFW will share the phone number(s) so it is imperative that those are correct. If you do not correctly identify the number where you want calls distributed, then information sent to the public reference nuisance calls will be misdirected.
- 4.) In the event you are renewing your certification, please identify your prior nuisance certification number with WDFW and the date when it expired. If you are a new applicant and have just begun the application, please identify when/where you obtained nuisance training and certification. Failure to complete nuisance certification prohibits you from operating in the state of Washington under WAC 220-440-100.
- 5.) Please indicate if you would like to be listed on the WDFW Wildlife Control Operators page.
- 6.) List all the animals you are willing to trap for customers to reference upon lookup of services.
- 7.) List all of the local counties you will be willing to perform your trapping duties.

Filling out Section B:

- 1.) As per WAC 220-440-100, permittee cannot have a gross misdemeanor violation in the last 3 years, been convicted of a felony, and be ineligible to possess a firearm because of a domestic violence conviction. Please check yes or no whether you meet this qualification.

Upon reading the indemnification clause under Section C, please sign and date the application form and send back to the Department.

How to submit to WDFW:

Please print and sign. Make sure you print this form and email, fax, or mail to:

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Wildlife Program
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Olympia, WA. 98501
FAX: 360-902-2162
Email: specialtrapping@dfw.wa.gov