



**APPLICATION FOR PUBLIC HEALTH/SAFETY EXEMPTION TO USE
PROHIBITED DEVICES FOR THE TAKING OF WILDLIFE**

Date: _____

Agency, group or Individual: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Tel. #: _____

Public Information Officer contact information for county, municipality, special district, agency
or company making application:

Incident(s) Description

Detailed description of the date, time and location of the encounter(s)(attach official reports
from local law enforcement, animal control and Colorado Division of Wildlife if available):

Detailed description of the observed behavior and number of animals involved:

Permit Request

Property owner of location(s) where the prohibited devices will be used:

Location(s) where prohibited device(s) will be used:

Species to be controlled: _____ Single Animal [] Multiple Animals []

Number of animals: _____ Description of specific animals (if available): _____

Time period during which device(s) will be used: ___/___/___ to ___/___/___

Type of prohibited device(s) for which exemption is requested:

Trapper: _____

Trapper 24/7 contact information: _____

The following information/plans must also be submitted with this application:

- Letter of support/concurrence from the Colorado Division of Wildlife.
- A public education plan must be submitted with this application for Department review. The plan must address steps taken to inform and educate the public of the use of the prohibited devices proposed both before and during the trapping exemption.
- A plan for posting the site while the exemption is in place must be submitted with this application.
- A plan monitoring the site and addressing site security must be submitted with this application. The area shall be monitored for all human and stray animal activity that may be impacted during the use of prohibited devices.
- A euthanization plan must be included. (Relocation is not an option.)
- If denning sites have been identified and posted with warning signs, photos of the signs used in posting the location must be provided.

Additional Supporting Information (if available)

Describe alternative control and hazing methods used (include dates, duration of use, and documentation of a community hazing plan):

Description of the shortcomings of the hazing program and/or alternative methods control:

What measures have been taken to prevent animal(s) from being attracted to the site?

What efforts have been made to educate the public, specifically during the time period of May through September? (Attach any articles or brochures)

I hereby certify that to the best of my knowledge the information provided on this application is accurate.

Applicant Signature: _____ ***Date:*** _____

If an exemption is issued, please note that the issued exemptions will have limitations on duration and number of wild animals to be controlled. All wild animals collected shall be tested for rabies at applicant's expense. Permit extensions will only occur under extraordinary circumstances.

Submit complete applications to:

Tri-County Health Department
4201 E. 72nd Ave. Suite D
Commerce City, CO 80022
Phone: 303-288-6816
Fax 720-322-1500

This form is to be used for requests to Tri-County Health Department for an exemption to use leg hold traps, body gripping traps, snares, poisons or other devices prohibited under Amendment 14 of the Colorado Constitution. Authorization for granting an exemption is provided under title 33, Article 6, Part 2, C.R.S., 1997. Refer to the Colorado Department of Health & Environment document entitled "Criteria for Granting an Exemption by a Health Department to Permit the Use of Leghold Traps or Other Prohibited Devices" for guidance in completing this request. To insure a prompt response, please be specific when describing dates, locations, laboratory data, estimates on wildlife populations, methods used and other requested data.