



Supplemental – Page 2

**Permit Application to Manage
Animals by Aircraft**

**Additional Pilot(s)
Information:**

Each pilot must submit a copy of their commercial pilot's license and current Class II medical certificate

Print or Type /Black or Blue Ink

Pilot Name: _____

Address : _____

City: _____ Zip : _____

Telephone: (____) _____ FAX: (____) _____

AIRCRAFT TYPE BEING FLOWN: _____ TAIL NUMBER: _____

N _____ DESCRIPTION/COLOR: _____

Pilot Name: _____

Address : _____

City: _____ Zip : _____

Telephone: (____) _____ FAX: (____) _____

AIRCRAFT TYPE BEING FLOWN: _____ TAIL NUMBER: _____

N _____ DESCRIPTION/COLOR: _____

Pilot Name: _____

Address : _____

City: _____ Zip : _____

Telephone: (____) _____ FAX: (____) _____

AIRCRAFT TYPE BEING FLOWN: _____ TAIL NUMBER: _____

N _____ DESCRIPTION/COLOR: _____

Pilot Name: _____

Address : _____

City: _____ Zip : _____

Telephone: (____) _____ FAX: (____) _____

AIRCRAFT TYPE BEING FLOWN: _____ TAIL NUMBER: _____

N _____ DESCRIPTION/COLOR: _____

**RETURN TO: OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY (ODAFF)
INVESTIGATIVE SERVICES DIVISION
2800 N LINCOLN BLVD, OKLAHOMA CITY, OK 73105
PH: (405) 522-6102 FAX: (405) 522-8044**