NB: FORM NOT FOR SALE OR DISTRIBUTION



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KWS/WU/OG/AF/01

AUTHORITY TO OPERATE WIDLIFE UTILIZATION ENTERPRISE APPLICATION FORM

(Guinea Fowls; Quails and other small birds)

Instructions: To be filled in duplicate and fill in the shaded part of the form and choose from drondown list where applicable

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A.	Details of Applicant				
i)	Applicant /Business Name: (Attach ID Copy, business registration certificate as necessary)				
ii)	Address (postal, Tel, Fax, Email)				
В.	Landownership type (Provide information on who owns land for the proposed activity, type and length of land tenure) i) Landowner Name: Attach letter of no objection or copy of lease agreement)				
	ii)	L/R/No:			
	iii)	Ownership type (Lease□/Freehold□):			
	iv)	Lease period :			
	v)	Full address of land owner (Postal/Tel/Email)			
	vi)	Land size :			
	vii)	Location of land (name of Village, Town , County)			
	viii)	Attach location sketch map to farm site			
C.	Type of Utilization				
	 Captive breeding of game birds for commercial purpose Captive breeding of game birds for ecotourism, education and research Captive breeding for ornamental purpose 				

D. Source & Species applied for (list in the table below)

Species common name	Species scientific name	Species Sex & Quantity		Source Name of initial stock (KWS Licensed breeders)	Justification for the source
		Male	Female		

E.	Poultry/g	game bird husbandry handling regim	e experience (state your experie	ence in this field)			
F.	Welfare and health safety of game birds i) Feeding regime (type of food & sources, frequency, time of feeding and water supply)						
	ii)	Treatment regimes					
	iii)	Sanitation					
G.	G. Facility structure(provide a descriptive sketch plan on a separate sheet of paper outlining the following) i) Enclosure/cage design (size, lighting / sources of light and voltage, watering supply)						
	ii)	Number and distribution of enclosures	cages				
	iii)	A photo of the cages					
Н.	Applicant Declaration I/We apply for the Authority to operate wildlife utilization enterprise as specified and detailed in this form and declare that all information provided true to the best of my/our knowledge						
	Name:		Date:	Sign:			
l.	Recommendation comment from Utilization/Area Warden /Scientist						
	Name:		Date:	Sign			
	(NB. Provide a photo of your game bird housing cage in your farm)						