AUTHORITY TO OPERATE WILDLIFE 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 dropdown list where applicable

Date……………………………………………………………………………………………

A. Details of Applicant
   i) Applicant /Business Name:  
      (Attach ID Copy, business registration certificate as necessary)
   ii) Address ( Postal, Mobile Telephone, Fax, Email)

B. 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
   1. Captive breeding of game birds for commercial purpose□
   2. Captive breeding of game birds for ecotourism, education and research□
   3. Captive breeding for ornamental purpose□

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

<table>
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<tr>
<th>Species common name</th>
<th>Species scientific name</th>
<th>Species Sex &amp; Quantity</th>
<th>Source Name of initial stock (KWS Licensed breeders )</th>
<th>Justification for the source</th>
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E. **Poultry/game bird husbandry handling regime experience** (state your experience 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. **Facility structure**
   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**

H. **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 is true to the best of my/our knowledge"

   Name: ___________________________ Date: ___________ Sign: ___________________________

I. **Recommendation comment from Utilization/Area Warden /Scientist**

   Name: ___________________________ Date: ___________ Sign: ___________________________

   (NB. Provide a sketch map of the location of the farm with features such as nearest shopping center or town, a copy of your National Identification Card, KRA Pin No.)