

MARYLAND DEPARTMENT OF NATURAL RESOURCES



WILDLIFE AND HERITAGE SERVICE

CURRENT INFORMATION

1. NAME

2. STREET

3. CITY

4. STATE/ZIP

5. COUNTY

6. PHONE - HOME

7. PHONE - WORK

8. DATE OF BIRTH

9. NAME AND TITLE OF PRINCIPAL OFFICER (IF #1 IS A BUSINESS)

10: SOCIAL SECURITY OR FEDERAL TAX #

11. LOCATION WHERE ACTIVITY WILL BE CONDUCTED (IF APPLICABLE):

12. TYPE: TAXIDERMIST AND FUR TANNER

13. NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST JUNE 30 FOLLOWING THE DATE OF ISSUANCE.

14. FEE: \$50.00

15. COMPLETE THE FOLLOWING:

WOULD YOU LIKE YOUR NAME TO APPEAR ON A LIST THAT IS MADE AVAILABLE TO THE PUBLIC? YES \_\_\_\_\_ NO \_\_\_\_\_

16. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401).

I AM:

\_\_\_\_ SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.

\_\_\_\_ SUPPLYING DNR WITH INSURANCE BINDER NUMBER \_\_\_\_\_

\_\_\_\_ SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE I AM NOT REQUIRED TO COMPLY WITH THIS LAW.

17. I HEREBY APPLY FOR THE ABOVE PERMIT/LICENSE AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SIGNATURE OF APPLICANT

DATE