



MARYLAND DEPARTMENT OF NATURAL RESOURCES
WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR CAPTIVE REPTILE AND AMPHIBIAN PERMIT/LICENSE

INSTRUCTIONS

- A. THIS IS AN APPLICATION FOR A WILDLIFE PERMIT/LICENSE. COMPLETE ALL THE INFORMATION IN PARTS 1-11 AND 15-17.
- B. RETURN WITH FEE SHOWN IN PART 14 TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO THE "DEPARTMENT OF NATURAL RESOURCES."

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: CAPTIVE REPTILE AND AMPHIBIAN

13. NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST DEC. 31ST FOLLOWING THE DATE OF ISSUANCE.

14. FEE: \$25.00

15. COMPLETE THE FOLLOWING:

CHECK ALL THAT APPLY

ARE YOU PLANNING TO:

BREED POSSESS COMMERCIALY TRADE

THIS PERMIT WILL ALLOW FOR ALL THREE ACTIVITIES. THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY.

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