

WILDLIFE AND HERITAGE SERVICE APPLICATION FOR **SCIENTIFIC COLLECTION** PERMIT/LICENSE

INSTRUCTIONS

- 1. Fee \$10.00. Make check payable to Department of Natural Resources.
- 2. Print or type all information.
- 3. Please be sure to complete all pages of this application.
- 4. Contact this office at 410-260-8540, or wildlifepermits.dnr@maryland.gov if you have any questions.

Return completed application to:
Permits Coordinator
Wildlife and Heritage Service
Tawes State Office Building
580 Taylor Ave, E-1
Annapolis, MD 21401

				/	Annapolis, MD 21401					
NEW	/ PERMIT/LI	CENSE WILL EXPIRE ON DECE	MBER 31ST FOLL	OWING TH	HE DATE OF ISSUANCE.					
		CURRENT I	NFORMATION							
1. NAME										
2. BUSINES	S/ORGANIZ	ATION (IF APPLICABLE)								
3. STREET										
4. CITY		5. STATE		6. ZIP						
7. COUNTY		•		•						
8. PRIMARY PHONE			9. ALT PHONE							
10. EMAIL			11.DATE OF BIRTH							
12. SSN/TA	X ID/FID		•							
13. A FEDE	RAL PERMIT	FROM THE UNITED STATES F	ISH & WILDLIFE	SERVICE (U	JSFWS) AND/OR THE					
UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) MAY BE REQUIRED TO COLLECT AND/OR										
POSSESS MIGRATORY BIRDS OR FEDERALLY LISTED SPECIES.										
IS A FEDERAL PERMIT REQUIRED FOR YOUR ACTIVITIES? YES NO										
IF YES LIST FEDERAL PERMITS AND OTHER RELEVANT PERMITS WITH THEIR PERMIT NUMBERS BELOW.										
14. PROJEC	T PROPOS <i>A</i>	AL (Reason for study, objective	e, justification, etc	.) Use add	itional sheet if necessary.					
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45 50.41 5		. O. C. C. C. C. L. C. L. C.								
15. FINAL L	DISPOSITION	N OF SPECIMENS:								
16. SPECIFIC AREAS WHERE COLLECTION WILL TAKE PLACE:										
17. SPECIFIC TIME PERIOD FOR COLLECTION										
FROM:			TO:							

	MBERS, AGE CLASSES AND SEX (OF SPECIES TO I	BE COLLE	CTED. Use addition	onal sheet	
if necessary.	10: ((0.1)		1		Ι	
Species (Com	mon and Scientific Names)	Num	ber	Age	Sex	
10.1457110.00.05.05	LECTION.					
19. METHODS OF COL	LECTION:					
20. LIST OF COLLECTO	RS IN ADDITION TO APPLICANT	(if any).				
Name	Addı	Address			Title	
21 I HERERY APPLY FO	DR THE ABOVE PERMIT/LICENSE	AND CERTIFY I	NDFR PF	NALTY OF PERILL	RY THAT	
	EREIN IS TRUE AND CORRECT TO					
AND BELIEF.	INCLINED CONNECT IC	, DEST OF I	,,, ,,,,o,	TEDGE, INI ONIV	, , , , , ,	
SIGNATURE			DATE			
L				l		