A DEPARTMENT OF NATURAL RESOURCES		WILDLIFE AND HERITAGE SERVICE				
		APPLICATION FOR CAPTIVE REPTILE AND AMPHIBIAN				
			PERMIT/LICENSE			
INSTRUCTIONS			Returr	o completed application to:		
1. Fee \$10.00. Make check payable to Department of Natural Res			ources. Permits Coordinator		Permits Coordinator	
2. Print or type all information.			Wildlife and Heritage Service			
3. Please be sure to complete all pages of this application.				Tawes State Office Building		
4. Contact this office at 410-260-8540, or wildlifepermits.dnr@ma			aryland.gov if you	580 Taylor Ave, E-1		
have any questions.			Annapolis, MD 21401			
NEW PERMIT/	RE ON DECE	MBER 31ST FOLL	OWING TH	HE DATE OF ISSUANCE.		
CURRENT INFORMATION						
1. NAME						
2. BUSINESS/ORGANIZATION (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/TAX ID/FID	12. SSN/TAX ID/FID					
13. LIST RELATED STATE & FEDERAL LICENSES OR PERMITS BELOW, INCLUDING PERMIT TYPE AND						
NUMBER						
14. 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.						
15. I AM PLANNING TO:		(CHECK ALL THAT APPLY)				
BREED			THIS PERMIT WILL ALLOW FOR ALL THREE ACTIVITIES.			
	POSSESS	THIS INFORMATION IS FOR STATISTICAL PURPOSES				
	COMMERCIALLY	TRADE	ONLY.			
16. 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				DATE		
				1		

DNR (02/2024)