

WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR WILDLIFE PERMIT/LICENSE RENEWAL

THIS IS AN APPLICATION FOR THE REISSUANCE OF A WILDLIFE PERMIT/LICENSE. REVIEW ALL THE INFORMATION IN PARTS 1-10, MAKING ANY NEEDED CORRECTIONS IN THE SPACE TO THE RIGHT. COMPLETE PART 17 AND 18 THEN RETURN WITH FEE SHOWN IN PART 15 TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO MARYLAND DEPARTMENT OF NATURAL RESOURCES.

CURRENT INFORMATION
1. Company: 2. Name: 3. Street: 4. City, State, Zip: 5. County:
8. Primary Phone (circle one: Home Cell Work): 9. Secondary Phone (circle one: Home Cell Work): 10. Name and Title of Principal Officer (If Company):
11. Wildlife Damage Control Operator (circle one): COMMERCIAL or ASSISTANT or PUBLIC AGENCY
12. Current Permit #:
13. Location where authorized activity may be conducted (If Applicable):
14. New Permit/License will be Effective: 01/01/2025 and Expire: 12/31/2025 15. Fee: 50
16. Compliance with the Special Conditions below are necessary for Permit Renewal:
Assistants: List the permit number of your Commercial Operator lead: Per COMAR 08.03.15.27: 1: Initial to acknowledge your annual report is due by 12/31/2024 for the October to September period: 2: If you have "mammals (including bats)" listed under Special Conditions, initial to acknowledge a separate bat colony exclusion report is due by 12/31/2024 for the permit year:
Initial here to acknowledge you have read the cover letter for the 2025 permit year: How would you like to receive your permit? (circle one): Email or Mail How would you like to receive other communications? (circle one): Email or Mail Email:
17. Check one of the following to comply with Maryland's Workmen's 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.
18. I HEREBY APPLY FOR RENEWAL OF 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.
APPLICANT SIGNATURE: DATE: