

## APPLICATION FOR SCIENTIFIC COLLECTION PERMIT

### INSTRUCTIONS:

1. Fee \$10.00. Make check or money order payable to Department of Natural Resources.
2. Print or type all information.
3. Please be sure to complete both pages of this application.
4. Return completed application to Permits Coordinator, Wildlife and Heritage Service, Tawes State Office Building, Annapolis MD 21401 and contact this office at 410-260-8540, or 1-877-620- 8DNR, Ext. 8540, if you have any questions.

NAME \_\_\_\_\_

SOCIAL SECURITY # OR TAX I.D. # \_\_\_\_\_

Note: A permit may not be issued unless the social security number or tax identification number is provided.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF ORGANIZATION \_\_\_\_\_

ADDRESS OF ORGANIZATION \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROJECT PROPOSAL (Reason for study, objective, justification, etc.) Use additional sheet if necessary.

FINAL DISPOSITION OF SPECIMENS \_\_\_\_\_

SPECIFIC AREAS WHERE COLLECTION WILL TAKE PLACE \_\_\_\_\_

SPECIFIC TIME PERIOD NEEDED FOR COLLECTION:  
From \_\_\_\_\_ To \_\_\_\_\_

LIST OF TYPES, NUMBERS, AGE CLASSES AND SEX OF SPECIES TO BE COLLECTED.  
Use additional sheet if necessary.

Species (Common and Scientific Names)	Number	Age	Sex
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METHODS OF COLLECTION:

FEDERAL PERMIT NUMBER (If applicable). \_\_\_\_\_  
Copy of Federal Permit should be attached to application.

LIST OF COLLECTORS IN ADDITION TO APPLICANT (if any).

Name	Address	Title
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I hereby certify that all statements made on this application are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date