



WILDLIFE AND HERITAGE SERVICE
 APPLICATION FOR **DEER CARCASS SALVAGE** PERMIT/LICENSE

INSTRUCTIONS

1. Fee \$100.00. 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

NEW PERMIT/LICENSE WILL EXPIRE ON DECEMBER 31ST FOLLOWING THE 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 | | | | | |

13. LOCATION WHERE ACTIVITY WILL BE CONDUCTED (IF APPLICABLE):

15. 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 | | DATE | |
|-----------|--|------|--|