



LICENSE DURATION
5 Years

Bird Breeder

Application

LICENSE FEE \$100.⁰⁰

For more information on this license visit www.dec.ny.gov/permits/25005.html

For Office Use Only

License # _____

Effective Date _____

Expiration Date _____

Region _____

*APPLICANT INFORMATION

name / date of birth

Last First M.I. DOB (mm/dd/yyyy)

address

Street Address Apartment/Unit City

County State Zip Code

email / telephone

Email Telephone (_____) - _____

*FACILITY LOCATION (Premises where birds will be housed. *If different from above, complete the following information.)

address

Street Address Apartment/Unit City

County State Zip Code Telephone (_____) - _____

*REASON FOR THIS APPLICATION

new license

license amendment

renewal of current license
WITHOUT amendment

renewal of license
WITH amendment

previous license number

*describe, in detail, the purpose for which you are applying for this license (if more space is needed, attach additional sheets)

*list the species and number you wish to collect or possess (if more space is needed, attached additional sheets)

common name	scientific name	number of birds

***describe in detail the purpose for which you are applying for this license** (if more space is needed, attach additional sheets)

***describe the measures you will provide to humanely house and successfully breed and raise the species of birds listed in this application** (if more space is needed, attach additional sheets)

***provide a detailed summary of your experience, knowledge and technical expertise in the raising and breeding of birds** (if more space is needed, attach additional sheets)

Do you wish to have your name be on a public list of NYS Bird Breeder Licensees?

Yes No

***Have you ever been convicted of a violation of the NYS Environmental Conservation Law or signed an acknowledgement of a violation of the NYS Environmental Conservation Law as part of a civil compromise or stipulation?** (if **YES**, explain below)

Yes No

any additional information

REQUIRED DOCUMENT(S)

(must be submitted with your application)

- Check or money order for the appropriate license fee made payable to: "NYS Department of Environmental Conservation"

APPLICATION CHECKLIST

(before sending this application, please verify the following)

- All application fields/sections marked with an asterisk (*) are complete
- You signed and dated below

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Applicant's Signature

Date

MAIL YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENT(S) TO:

NYS Department of Environmental Conservation
Special Licenses Unit - 5th Floor
625 Broadway, Albany, New York 12233

For questions or concerns, please contact us
Phone: (518) 402-8985 · Fax: (518) 402-8925
Email: SpecialLicenses@dec.ny.gov
Website: www.dec.ny.gov/63.html

Please allow 45 days for DEC to review and process your application.

¹Incomplete or vague applications will be returned and delay the processing of your permit.