



For Office Use Only

LICENSE DURATION

Permit to Sell or Offer for Sale Products or By Products of Endangered or Threatened Species Application

License # \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

Region \_\_\_\_\_

LICENSE FEE None

For more information on this license visit www.dec.ny.gov/permits/45831.html

\*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

\*BUSINESS / ORGANIZATION INFORMATION (If applicable, the permits will be mailed to the business address unless otherwise requested)

business name

address / telephone

Street Address Apartment/Unit City

County State Zip Code Telephone

\*AGENT FOR ANOTHER (If you are applying as an agent for another person, enter his / her name and complete address)

name

Last First M.I.

address / telephone

Street Address Apartment/Unit City

County State Zip Code Telephone

\*LIST INFORMATION APPROPRIATE TO EACH ITEM OR GROUP OF ITEMS TO BE SOLD (Specify the Endangered or Threatened Species you intend to sell along with a brief description of the item or group of items to be sold together. Attach additional sheets if necessary. Be sure substantive evidence or affidavit includes date item was purchased or acquired and the name and address of the person from whom item was purchased or acquired. If possible, please include photographs of the items to be sold.)

Table with 3 columns: species, description of item, Authorization Use Only Permit Number. Includes rows for DES.

REQUIRED DOCUMENT(S)

(must be submitted with your application)

Be sure substantive evidence of affidavit includes date item(s) was/were purchased or acquired and the name and address of the person from who the item(s) was / were purchased

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 3-030(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