

**LICENSE DURATION**

**1 Year**  
(all permits expire March 31<sup>st</sup> of license year)

# Crocodilian Permit

## Application

**LICENSE FEE**

\$25.<sup>00</sup>

For more information on this license visit [www.dec.ny.gov/permits/25007.html](http://www.dec.ny.gov/permits/25007.html)

**For Office Use Only**

Registration # \_\_\_\_\_

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** (Complete this section if different from above.)

**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

**\*brief describe of that activity or business for which the permit is needed** (if more space is needed, attach additional sheets):

**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](mailto:SpecialLicenses@dec.ny.gov)  
Website: [www.dec.ny.gov/63.html](http://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.