

LICENSE DURATION  
1 Year

# Dangerous Animal License Application

LICENSE FEE  
No Fee

For more information on this license visit [www.dec.ny.gov/permits/25005.html](http://www.dec.ny.gov/permits/25005.html)

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

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

business /facility name \_\_\_\_\_

address \_\_\_\_\_  
Street Address Apartment/Unit City

County State Zip Code Telephone

## \*REASON FOR THIS APPLICATION

Describe in detail, the purpose for which you are applying for this license. Include a description of your education program and the conservation message that you will convey through display of the animals. (if more space is needed, attach additional sheets)

Provide the common name, scientific name, gender and age of the dangerous animals for which you are applying. If you are applying for multiple numbers of the same species, list each animal separately (if more space is needed, attached additional sheets)

Common Name	Scientific Name	Gender M/F	Age

In the table below, provide the name, address and contact information of the source(s) from which you will acquire the dangerous animals. **Note: If any dangerous animals are requested to be obtained from a licensed wildlife rehabilitator, a letter from a veterinarian who has examined the animal, stating the animal is permanently disabled and non-releasable must accompany this application.**

Species	Name of Dealer/Source from where animal will be acquired	Address of Dealer/Source from where animal will be acquired	State and Federal License #

**\*FACILITY DESCRIPTION**

Type of Exhibit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fixed (On-Site)	# of Days Open to the Public	Travelling/Mobile
			# of Travelling Exhibits per Year

Primary caging – At a minimum, all primary caging for dangerous animals must be constructed of industry standard materials, utilize a double-door entry system, must meet the animals physical, social, and psychological needs, and must be able to be locked at all times. Note: If more space is needed, attach additional sheets.

Describe in detail the primary caging used to house the dangerous animal(s) at your facility or while traveling which will ensure the animals health and wellbeing and prevent escape of the animal(s). Include a description of entry doors/gates, shelter, and enrichment features, alarms, cameras or other features utilized.

Describe in detail the public barriers that will be utilized to ensure that the public cannot have direct contact with any dangerous animals. Include the height, material used, and distance from the primary caging.

Describe in detail the Perimeter/Secondary containment barrier that will be utilized to ensure that unauthorized persons cannot have access to the facility and dangerous animals and that, in the event of an escape of any dangerous animal from its primary caging, prevents the animal from escaping from the facility. Include a description of the material used, height, depth, and any other characteristics of the barrier. Attach diagrams or pictures of the facility including primary caging, public barriers, and perimeter barriers.

**\*REQUIRED SAFETY PLANS AND TRAINING**

Do you have a written staff training that includes the following?

1. Animal handling protocols
2. Safety protocols
3. Emergency training – animal escapes or injury
4. Appropriate biosafety training
5. Participation in drills

Yes  No

Do you have a written safety plan which includes the following?

1. Regular staff training
2. Procedures to ensure the safety of employees, visiting public, and animals
3. Procedures for the safe handling, treatment, housing and care of each dangerous animal
4. Procedures for animal escapes
5. Animal attack and injury procedures
  - i. For venomous reptiles; Availability of antivenin
  - ii. Storage and maintenance of antivenin
  - iii. Procedures for administration of antivenin
6. Alarm/Security features
7. Firearm use and storage (if applicable)

Yes  No

Do you have a written Animal Escape Plan which includes the following?

1. Lock-down/lock-out procedures
2. Public safety measures including notification/warning
3. Notification of local law enforcement and DEC
4. Staff roles and responsibilities including capture equipment handling, safety, and use

Yes  No

Do you wish to designate agent(s) under your license to assist you in the care of listed animals? If YES, please complete designated agent form.

[http://www.dec.ny.gov/docs/wildlife\\_pdf/sludesignatedagent.pdf](http://www.dec.ny.gov/docs/wildlife_pdf/sludesignatedagent.pdf)

REQUIRED DOCUMENT(S) (must be submitted with your application)	APPLICATION CHECKLIST (before sending this application, please verify the following)
<input type="checkbox"/> Photocopies of relevant licenses or permits	<input type="checkbox"/> All application fields/sections marked with an asterisk ( * ) are complete <sup>1</sup>
<input type="checkbox"/> Copy of insurance binder	<input type="checkbox"/> You signed and dated below
<input type="checkbox"/> Pictures/diagrams of facility showing primary enclosures, safety barriers, secondary containment barrier, mobile exhibits.	
<input type="checkbox"/> If applying for possession of a venomous reptile, attach a letter from a facility indicating that they can supply antivenin in an emergency.	
<input type="checkbox"/> If applying for possession of mammals for exhibition, attach a copy of your USDA Class C Exhibitors license.	

**\*NOTICE: False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the 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.

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