

# License to Collect or Possess Education / Exhibition Application

LICENSE DURATION

LICENSE FEE No Fee

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

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

**STATUTORY AUTHORITY:** Environmental Conservation Law Section 11-0515 (1) and 6 NYCRR Part 175.

The Department of Environmental Conservation (DEC) may issue a License to Collect or Possess to qualified individuals to collect or possess fish, wildlife, shellfish, crustacea, protected insects, birds' nests or eggs. This application is only for the following purposes: **Education/Exhibition.**

Individuals applying for a license to collect or possess migratory birds must possess a valid Federal Permit from the U.S. Fish and Wildlife Service, for the requested activity. Individuals applying for a license to exhibit mammals to the public must possess a U.S.D.A. license under the Animal Welfare Act. Applications for licenses for educational institutions should be completed by the individual authorized by the institution to supervise all activities listed on the application.

The license is valid for one year or as noted on the license. The Department in its discretion may require an applicant to submit written testimonials from two well-known persons and to file a bond of two hundred dollars.

**INSTRUCTIONS FOR LICENSE AMENDMENTS**

When applying for a license amendment please only include information on the application pertaining to the specific amendment or amendments you are requesting. Please do not include previously submitted information already authorized under your license. If you are applying for renewal with amendment, please include your annual report required per your license conditions.

The following addresses are provided for your convenience.

US Dept of the Interior / US Fish & Wildlife Svcs  
PO Box 779 • Hadley, MA 01035-0779

USDA/APHIS/AC  
920 Main Campus Dr, Suite 200 • Raleigh, NC 27606-5210

**\*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**

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. Please include a description of your education program and the conservation message you wish to convey. Also, if applicable provide the name and address of the educational organization that sanctions your proposed activities or the organization that employs you. *If more space is needed, attach additional sheets.*

Please provide the common name, scientific name (Genus species) and the total number, male and/or female, of the species you wish to collect or possess.

**NOTE:** Endangered or Threatened Species may **NOT** be included on this application.

Common Name	Scientific Name	Total	
		Male	Female

Check the appropriate category

Species **WILL BE** collected from the wild in NYS

Species **WILL NOT BE** collected from the wild in NYS

If you are applying for a license to possess species which will not be collected from the wild in New York, describe how and from where you will obtain the species. Please include the name, address, telephone number and License Name and Number of the person who legally possesses the species you wish to obtain. (Rehabilitation animals require a letter from a veterinarian stating the requested wildlife is permanently disabled and non-releasable and if applicable their license number and type). If more space is needed, attach additional sheets.

Species	Name of Dealer or Rehabilitator & Telephone Number	State and Federal License #

Describe, in detail, the location, length of possession and method(s) you will use to collect the species you listed in this application. Include the type and number of traps, type and length of nets, etc. *Individuals conducting activities on lands administered by the State or on conservation easement lands shall apply for and receive a Temporary Revocable Permit authorizing the use of those lands for such purpose prior to conducting activities. The application for a Temporary Revocable Permit can be found at: [http://www.dec.ny.gov/docs/lands\\_forests\\_pdf/trpappfrm.pdf](http://www.dec.ny.gov/docs/lands_forests_pdf/trpappfrm.pdf)*

Describe the humane measures you will employ to ensure humane treatment for the animal(s).

List the dates and locations where the listed species will be exhibited, or check the box for static year round exhibit.

<input type="checkbox"/> Check box if animals exhibited at permanent facility year round	Dates	Location

Describe the housing and/or holding facilities that you will provide for the animal(s) to ensure safe captive conditions and prevent direct contact with the public at all times. If more space is needed, attach additional sheets.

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.  Yes  No

Do you possess valid State and/or Federal licenses or permits which are required for your proposed activity? If **YES**, please attach photocopies of relevant licenses or permits to the application.  Yes  No

**REQUIRED DOCUMENT(S)**

(must be submitted with your application)

Please attached photocopies of relevant licenses or permits to the application.

**APPLICATION CHECKLIST**

(before sending this application, please verify the following)

- All application fields/sections marked with an asterisk ( \* ) are complete<sup>1</sup>
- 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.

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