

LICENSE DURATION
1 Years

Liberation of Wildlife License

LICENSE FEE
No Fee

Application

For more information on this license visit www.dec.ny.gov/permits/45832.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 (____) _____ - _____	

Release / Liberation Information (Identify the animal(s), quantity date(s) and location of the intended release)

ANIMAL / SPECIES	QUANTITY	DATE	LOCATION (PROVIDE PHYSICAL ADDRESS)
<input type="checkbox"/> Bobwhite Quail			
<input type="checkbox"/> Ring-necked pheasant			
<input type="checkbox"/> Monarch butterfly			
<input type="checkbox"/> Other (specify below): _____			

indicate the reason you wish to release the above animal(s)

Hunting / Stocking
 Ceremonial (i.e. Weddings / Graduations)
 Other (specify): _____

***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.