

THIS APPLICATION REQUEST FORM IS NOT A LICENSE AND DOES NOT GRANT NOR CONVEY ANY ADDITIONAL AUTHORITY.

# LICENSE AMENDMENT REQUEST APPLICATION

For Office Use Only  
Received Date Stamp

To report a change of address, please use [Change of Address or Contact Information form](#)  
To add or remove designated agents from your license, use [Request to Add Designated Agents form](#)

To request an amendment to your license, please complete the applicable section(s) below (please print clearly)

LICENSEE LAST NAME		FIRST		MI	
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I AM REQUESTING TO HAVE THE FOLLOWING LICENSE(S) MODIFIED WITH THE CHANGES LISTED BELOW:

LICENSE TYPE	LICENSE NUMBER	EXPIRATION DATE

1. I REQUEST TO ADD THE FOLLOWING SPECIES TO MY LICENSE:

COMMON NAME	SCIENTIFIC NAME (GENUS SPECIES, SUB-SPP.)	GENDER OF ANIMAL			AGE	NAME AND LOCATION OF THE FACILITY WHERE YOU WILL BE ACQUIRING THE ANIMAL(S)
		M	F	U		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

2. I REQUEST TO REMOVE THE FOLLOWING SPECIES FROM MY LICENSE:

SCIENTIFIC NAME (GENUS SPECIES, SUB-SPP.)	GENDER OF ANIMAL			AGE	REASON FOR REMOVAL (TRANSFERRED, DECEASED, DID NOT ACQUIRE, NO LONGER WORKING WITH THIS SPECIES)	DATE OF REMOVAL/FINAL DISPOSITION
	M	F	U			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

3. I REQUEST TO ADD OR REMOVE THE FOLLOWING LOCATIONS TO/FROM MY LICENSE

LOCATION DESCRIPTION	TOWN	COUNTY	ADD OR REMOVE?	PUBLIC PROPERTY? Y/N

**4. OTHER REQUEST FOR AMENDMENT OR ADDITIONAL INFORMATION. PLEASE BE SPECIFIC:**

**IMPORTANT:** You may not obtain any of the requested animals or conduct any of the requested activities until the Department has reviewed and approved your request **AND** you receive an amended license from the Department. This Application Request Form is not a license and does not grant nor convey any additional authority.

**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.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Amendment request applications are subject to the license application review and processing requirements of 6 NYCRR Part 175 – Special Licenses and Permits Definitions and Uniform Procedures

Amendment request applications may only be used for current and valid licenses. If your license has expired, you will need to submit a new license application form following the license procedures outlined on the Department’s web page: <http://www.dec.ny.gov/permits/359.html>.

**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)