

ENDANGERED SPECIES APPLICATION

COMPLETE APPLICATION - TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL SHEETS IF NECESSARY. NO PERMIT WILL BE ISSUED WITHOUT A COMPLETED APPLICATION AND CORRECT FEE. IF THE APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO YOU AND NO PERMIT WILL BE ISSUED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED TO THE WILDLIFE PERMITS UNIT.

ATTACH PHOTOCOPIES OF ANY CURRENT PERMITS, INCLUDING FEDERAL PERMITS IN YOUR POSSESSION. Attach list of FEDERAL PERMITS you have applied for.

NAME _____

HOME ADDRESS _____
Street

City _____ State _____ Zip Code with Extension _____

NJ COUNTY _____ Fax Number: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-mail Address: _____
******REQUIRED******

******Your Endangered Species Permit and accompanying information will be emailed to you when processed. The Wildlife Permits Unit will no longer mail you a hard copy of your permit, so please be sure that your email address is correct.******

Website Address (if applicable): _____

SPONSOR: _____
(If applicable)

SCHOOL OR INSTITUTION NAME: _____
(If applicable)

SCHOOL OR INSTITUTION ADDRESS _____
MUST BE PROVIDED Street

City _____ State _____ Zip Code with Extension _____

SCHOOL OR INSTITUTION PHONE: (_____) _____

VETERINARIAN NAME _____
Required

ADDRESS _____
Street

City _____ State _____ Zip Code with Extension _____

VETERINARIAN PHONE: (_____) _____
Required

PLEASE ATTACH COPIES OF ALL CURRENT, APPLICABLE PERMITS INCLUDING STATE & FEDERAL USDA, U.S. FISH & WILDLIFE SERVICE, ETC.

See N.J.A.C. 7:25-4.14, Regulations for the Possession of Endangered Species.

IMPORTANT: The following required information should support (and justify) the approval of an **ENDANGERED SPECIES** permit. Attach a synopsis of your proposed **ENDANGERED SPECIES** scientific and/or educational activities. See N.J.A.C. 7:25-4.14, Regulations for the Possession of Endangered Species.

Describe Purpose for Possession of Endangered Species:

List Inventory of requested Endangered Species:

SPECIES [COMMON NAME]	NUMBER	SOURCE OF ACQUISITION [COMPLETE NAME & ADDRESS]
--------------------------	--------	--

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Describe Type of Food that will be given to the requested Endangered Species:

List Background, Qualifications, Experience, etc., with requested Endangered Species:

Describe Caging Facilities and Location of Facilities. Include data on intended facility regarding prevention of public access.

IT IS YOUR RESPONSIBILITY TO OBTAIN A VALID AND UPDATED FEDERAL PERMIT (IF APPLICABLE) WHEN DEALING WITH U.S. FISH & WILDLIFE SERVICE ENDANGERED & THREATENED WILDLIFE AND PLANTS (50 CFR 17.11 AND 17.12). A NEW JERSEY STATE PERMIT FOR ANY ACTIVITY CONCERNING ANY FEDERALLY ENDANGERED SPECIES MUST BE ISSUED WITH A CURRENT CORRESPONDING FEDERAL PERMIT (IF APPLICABLE).

PLEASE DIRECT ALL QUESTIONS AND INQUIRIES ABOUT U.S. FEDERAL ENDANGERED SPECIES PERMITS, APPLICATIONS, ETC., TO DIANE LYNCH, U.S. FISH & WILDLIFE SERVICE, REGIONAL ENDANGERED SPECIES COORDINATOR, 300 WESTGATE CENTER DRIVE, HADLEY, MA 01035. PHONE: (413) 253-8628.

TO RECEIVE PERMITS OR ASK QUESTIONS REGARDING FOREIGN ENDANGERED SPECIES, PLEASE CONTACT THE OFFICE OF MANAGEMENT AUTHORITY AT 1-800-358-2104.

ALL POSSESSION PERMITS

EXPIRE DECEMBER 31 OF THE YEAR OF ISSUE.

FEE: \$7.00

SUBMIT CHECK OR MONEY ORDER ONLY

(CHECK OR MONEY ORDER MUST HAVE

COMPLETE NAME AND MAILING ADDRESS OF APPLICANT)

Make payable to: NJ Division of Fish and Wildlife

I hereby affirm that the information on this form is true to the best of my knowledge. I understand that any false representation by the applicant or a permittee who knows or reasonably should know that the representation is false, and who has submitted the representation to induce the Department to issue a permit or take any other action, shall subject the applicant or permittee to all penalties available under State law, including revocation of any permit obtained based upon false information. All permits issued are valid only when used by the permittee in accordance with the terms and conditions of the permit and the regulations governing that permit. I have read these conditions and by signing and dating this application, I acknowledge and agree to all of the permit stipulations.

SIGNATURE _____ **DATE** _____

Return Application with fee to:

**DIVISION OF FISH AND WILDLIFE
WILDLIFE PERMITS UNIT
Exotic & Nongame Wildlife Permits
1 Eldridge Road
Robbinsville, NJ 08691**



NEW JERSEY DIVISION OF
Fish and Wildlife

**PHONE: (609) 984-6213 - FAX: 609-984-1414
E-mail Address: EXOTICPERMITS@dep.nj.gov
Visit our website www.njfishandwildlife.com**

[ES]