

SCIENTIFIC HOLDING APPLICATION

COMPLETE APPLICATION IN FULL - 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 OFFICE OF PERMIT MANAGEMENT.

IMPORTANT NOTICE REGARDING WILD BIRD BILL: A-649 Amending R.S. 23:4-50. After December 10, 1991, You CANNOT POSSESS, BUY, SELL OR BARTER WILD-CAUGHT BIRDS, except those which were in captivity legally before that date. All other birds must be captive-bred (other than the exempt species: cockatiel, canary and budgerigar, zebra finch, society finch, rock dove, peafowl and starling). You must have in WRITING from the source of the birds: DOCUMENTATION - PROOF - RECORDS THAT SPECIFY EACH AND EVERY BIRD BOUGHT, SOLD, OR BARTERED IS CAPTIVE-BRED OR THAT IT WAS IN CAPTIVITY LEGALLY BEFORE December 10, 1991.

◆◆◆◆**FOR BIRDS NEWLY ACQUIRED, you MUST attach photocopies of all written documentation with this permit application! All documentation MUST STATE that the birds are either captive or domestically bred!**◆◆◆◆

NAME _____

ADDRESS _____

Street

City State Zip Code with Extension

NEW JERSEY COUNTY _____

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

Fax Number: _____

E-mail Address: _____

****REQUIRED****

****Your Scientific Holding 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): _____

SCHOOL or INSTITUTION _____

(If applicable)

PROFESSIONAL INDIVIDUAL or COORDINATOR NAME _____

SCHOOL or INSTITUTION ADDRESS _____

MUST BE PROVIDED

Street

City State Zip Code with Extension

Phone: (_____) _____ Fax Number: _____

VETERINARIAN _____
MUST BE PROVIDED

ADDRESS _____
Street

City _____ State _____ Zip Code with Extension _____

Veterinarian Phone: (_____) _____
Required

ATTACH PHOTOCOPIES OF CURRENT, APPLICABLE PERMITS INCLUDING STATE PERMITS, USDA PERMITS, U.S. FISH & WILDLIFE SERVICE PERMITS, ETC. YOUR PERMIT WILL NOT BE REVIEWED OR ISSUED UNTIL THIS MANDATORY INFORMATION HAS BEEN SUPPLIED.

IMPORTANT NOTE: NO POTENTIALLY DANGEROUS SPECIES OF ANY KIND MAY BE OBTAINED WITHOUT PRIOR WRITTEN APPROVAL FROM THE WILDLIFE PERMITS UNIT, EXOTIC AND NONGAME WILDLIFE PERMITS SECTION. Requests for approval must be in writing and include information on the proposed origin of the animal, description of diet, caging, etc. (see N.J.A.C. 7:25-4.7, 4.8, & 4.9).

******* A health Warning received from the Center For Disease Control (CDC) restricts the possession and sales including but not limited to the following species: SPINY MICE, PYGMY MICE, ZEBRA MICE AND DORMICE. *******

It is the responsibility of the permittee to act in accordance with state, federal and worldwide health organization mandates regarding any current applicable circumstance, restriction, quarantine, etc. for the possession and sales of health risk or restricted regulated wildlife species.

Effective immediately under the authority of the New Jersey Division of Fish and Wildlife: Captive Game and Exotic and Nongame regulations, THERE IS A BAN UNTIL FURTHER NOTICE ON THE IMPORTATION OF ALL CERVIDAE SPECIES INTO THE STATE OF NEW JERSEY – INCLUDING, BUT NOT LIMITED TO: WHITE-TAILED DEER, BLACK-TAILED DEER, MULE DEER, RED DEER, SIKA DEER, MUNTJAC, REINDEER, ELK AND MOOSE. This is due to the growing concern of the spread of CHRONIC WASTING DISEASE into wild and farmed herds of animals in the deer family throughout the United States.

All Applicants bringing regulated hooved stock from outside of New Jersey **MUST PROVIDE** a photocopy of their **CURRENT USDA PERMIT. Also ATTACH PHOTOCOPIES OF CURRENT PERMITS AND HEALTH CERTIFICATES FOR MAMMALS.** All applicants bringing in any regulated hooved stock from outside of New Jersey must supply copies of health certificates certifying that the wildlife is free of Tuberculosis and Brucellosis and any other communicable disease. It is mandatory to comply with the *USDA Tuberculosis Eradication in Cervidae: Uniform Methods and Rules (Cervid UM&R)*. Cervids not known to be affected with or exposed to tuberculosis that originate from other herds (i.e. non-Accredited, non-Modified or non-Qualified herds) may be moved interstate if they are accompanied by a certificate stating that such cervids have been classified negative in two official tuberculosis tests that were conducted no less than 90 days apart, that the second test was conducted within 90 days prior to the date of movement, and **that the animals were isolated from all other members of the herd during the testing period.** Additionally, the Cervid UM&R has **NO** minimum age standards for testing of cervids for interstate movements from herds that are unclassified. Photocopies of health certificates must be submitted with your application.

UNITED STATES DEPARTMENT of AGRICULTURE (USDA), ANIMAL and PLANT HEALTH INSPECTION SERVICE (APHIS) INFORMATION:

**USDA/APHIS/ANIMAL CARE EASTERN REGION
920 Main Campus Drive, Suite 200, Unit 304-O
Raleigh NC 27606-5210
Phone: (919) 855-7100**

List INVENTORY of requested regulated wildlife SPECIES Bird band/Microchip numbers must be listed for regulated exotic and nongame birds.

NUMBER	SPECIES [COMMON NAME]	SOURCE OF ACQUISITION (Date, Name & Address)

Describe your experience in maintaining, handling and caring for the species desired, or related species. LIST EDUCATION, BACKGROUND, QUALIFICATIONS, etc., WITH DESIRED SPECIES, & NUMBER OF YEARS EXPERIENCE.

PURPOSE and INTENT. ATTACH SEPARATE SHEET DESCRIBING EDUCATIONAL or SCIENTIFIC PROGRAM (Where applicable).

DESCRIBE (in detail) HOUSING, CAGING FACILITIES and LOCATION of FACILITIES.

DESCRIBE THE DIET THAT WILL BE FED TO THE ANIMAL/ANIMALS.

ALL POSSESSION PERMITS

EXPIRE DECEMBER 31 OF THE YEAR OF ISSUE.

FEE: \$35.00

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 & 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:

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

**PHONE: (609) 984-6213 FAX: 609-984-1414
E-mail Address: EXOTICPERMITS@dep.nj.gov**

www.njfishandwildlife.com



**NEW JERSEY DIVISION OF
Fish and Wildlife**

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