



APPLICATION TAXIDERMIST LICENSE

Fee [Check one]: \$44.00 Commercial License (22.83)
 \$20.00 Noncommercial License (22.82)

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.
PROCESSING TIME: Allow up to 30 days.

I hereby make application for:

(Mark the appropriate box and then read and follow the instructions.)

- New application: Complete the entire applicant information block and all sections. Sign and date the application.
- Renewal of last year's license **without** changes: Complete the entire applicant information block and Sections 1, 7, & 8. Sign and date the application.
- Renewal of last year's license **with** changes: Complete the entire applicant block; Sections 1, 7, & 8; and all other sections where changes are being requested or have occurred. Sign and date the application.

APPLICANT INFORMATION		TAX ID:	SPORTSMAN'S ID or SSN:	DATE OF BIRTH:
NAME [LAST]		[FIRST]	[MIDDLE]	
PHYSICAL ADDRESS:				
CITY:			STATE:	ZIP:
MAILING ADDRESS:				
CITY:			STATE:	ZIP:
HOME PHONE:		WORK PHONE:	E-MAIL ADDRESS:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER			STATE:	DATE ISSUED:
EMPLOYER:				
WORK ADDRESS:				

1. Name of your taxidermy business: _____
2. YES. NO. I will charge a fee or receive other compensation for performing taxidermic activities. A commercial license is required if the answer in YES.
3. I request a license to perform taxidermic services on the following groups of wildlife (check all that apply.)
 - Game mammals Game amphibians Furbearing mammals
 - Upland game birds Game fish Unprotected wildlife
 - Migratory birds (waterfowl & dove) --- Federal permit required.
4. How long have you been practicing taxidermy? _____ year(s). Describe any formal training which you have received:

5. YES. NO. Are you currently licensed/permitted to perform taxidermy in another state(s)? If YES, list each state:

6. YES. NO. Have you ever been licensed/permitted as a taxidermist in another state(s)? If YES, list each state:

7. (a) YES. NO. Is your privilege to perform taxidermy presently revoked/suspended in any other state(s)? If YES, list the state(s): _____

If YES, When will the privilege be reinstated? _____

(b) YES. NO. Is your privilege to perform taxidermy presently revoked/suspended by the U.S. Fish & Wildlife Service?

If YES, when will the privilege be reinstated? _____

8. (a) YES. NO. Have you been convicted of violating any state or federal wildlife law or regulation relating to taxidermy in the 5 years prior to the date on which you sign this application?

(b) YES. NO. Have you been convicted of violating any state or federal wildlife law or regulation relating to the commercialization of wildlife?

If YES to either or both of the above, list all conviction dates, a description of each violation, and the state where the conviction occurred. (Attach sheets if necessary.)

9. Federal Taxidermy Permit. If you are requesting a license to perform taxidermy on migratory birds (ducks, geese, swans, doves), attach a copy of your current federal taxidermy permit issued by the U.S. Fish & Wildlife Service to this application. If the federal permit is pending, send a copy to the Department as soon as you receive it.

I, the signator, in signing this application, hereby state that I am entitled to this license under the laws of the State of Nevada and that no false information or false statement has been made by me to obtain this license.

Signature of Applicant

Date

Submit your completed application and fee to the appropriate office below:

Western Region

Nevada Department of Wildlife
Special Licenses and Permits
1100 Valley Rd, Reno, NV 89512
Telephone: (775) 688-1500
Counties: Carson City, Churchill, Douglas,
Humboldt, Lyon, Mineral, Pershing, Storey, Washoe

Southern Region

Nevada Department of Wildlife
4747 Vegas Dr.; Las Vegas, NV 89108
Telephone: (702) 486-5127
Counties: Clark, Esmeralda, Lincoln, Nye

Eastern Region

Nevada Department of Wildlife
60 Youth Center Road; Elko, NV 89801
Telephone: (775) 777-2300
Counties: Elko, Eureka, Lander, White Pine

FOR DEPARTMENT USE ONLY

Date Received: _____

Date Approved: _____

Date Disapproved: _____

Date Returned for Additional Information: _____

Department Representative: _____

REASON FOR DISAPPROVAL: