APPLICATION
SCIENTIFIC COLLECTION/POSSESSION/EDUCATION PERMIT

[Check one]: ☐ **1 Year Permit** **$50.00 – (22.85)**
☐ **2 Year Permit** **$100.00 – (22.92)**

PROCESSING TIME: All applications will be routed for review and approval, which can take up to 6 weeks, depending on complexity and Division recommendations.

- Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.
- SLAP Entity ID (Special Permit and License ID) - New applicants SLAP ID will be assigned when the permit is issued.
- Federal Tax ID or SSN only required for new applicants.

PURPOSE: (check one) ☐ Scientific ☐ Educational

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. **Do not sent fee until notified of approval.**

☐ Renewal of last year's PERMITTED projects **with** changes or new projects: Complete the entire applicant information block and then complete all other sections in the application where changes are being requested. CLEARLY DESCRIBE CHANGES. Sign and date the application. **Do not send fee until notified of approval.**

☐ Renewal of last year's PERMITTED projects **without** changes: Complete the entire applicant information block. Sign and date the application. **Do not send fee until notified of approval.**

INSTITUTION OR BUSINESS ENTITY INFORMATION- (Institution or business entity the permit is for.)

INSTITUTION OR BUSINESS ENTITY NAME: (If same as responsible party indicate SAME)			SLAP Entity ID
MAILING ADDRESS:			FEDERAL TAX ID:
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP:	TELEPHONE:

RESPONSIBLE PARTY– Person responsible for permit

NAME [LAST]	[FIRST]	[MIDDLE]		SLAP Entity ID
MAILING ADDRESS:				SSN
CITY:	STATE:	ZIP:	E-MAIL ADDRESS:	
PHYSICAL ADDRESS:				
CITY:	STATE:	ZIP:	TELEPHONE:	
HEIGHT:	WEIGHT:	HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER		STATE:		DATE ISSUED:
OCCUPATION:		EMPLOYER:		
WORK ADDRESS:				

1. In the table below, list the species and number of each that you intend to capture and possess, kill, band and release, etc. by each specific capture situation(C.S.)/method. Do not combine several capture situations with a single number; e.g. "200 - - a, b, c, d." Provide a specific number with each capture situation/method. (See example below in table.) If animals are intended to be euthanized we need a euthanasia protocol and a copy of IACUC review for the project.

Capture Situations/Methods:
a. Salvage specimens found dead.
b. Capture live specimens, transport and maintain alive in captivity.
c. Collect/capture specimens and sacrifice on-site.
d. Capture, identify, sample, mark, and release at the site where taken.
e. Other (specify): _____

Species (common & scientific names)	#/Site/ Year	C.S.	**Species** (common & scientific names)	#/Site/ Year	C.S.
(Example): *Pahrump Killifish* *Empetrichthys latos*	*10* - - - - - - *15*	*b* - - - - - - *c*			

2. Give dates and locations of sampling or educational activity. Provide your best estimate of the specific location(s) (body of water, mountain range, stream, drainage, etc.) include county as part of the location whenever possible with the dates of the proposed trapping/collecting/sampling or educational activity.
Example: Maggie Creek, Elko Co.; June – Aug, 2007; Monitor Range, Nye Co.; Nov – Dec, 2007

_____
_____
_____
_____

3. Provide the purpose and justification for this project request. Attach a synopsis of this project, not exceeding 5 pages, of the research or educational project being proposed, including methods of capture and the names of additional collectors/agents. Also, describe your qualifications.

_____
_____
_____
_____

4. Disposition: Name and address of the public, scientific, or educational institution(s) to which all specimens will be transferred.

_____
_____
_____
_____

5. Federal Permits: Attach a copy of your federal permit, issued by the U.S. Fish and Wildlife Service, which is valid for Nevada (required for threatened or endangered wildlife and migratory birds unless specifically exempted by the Service).

I, the signator, in signing this application, hereby state that I am entitled to this permit 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

Do not send fee until notified of approval.

Submit your completed application to:
Nevada Department of Wildlife
License Office – Scientific Collection
6980 Sierra Center Pkwy, Ste-120
Reno, NV 89511

FOR DEPARTMENT USE ONLY
Date Received: _____
Date Returned for Add'l Information: _____
Date Approved: _____
Date Disapproved: _____
Dept. Representative:_____