



APPLICATION TAXIDERMIST LICENSE

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

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: Complete the entire applicant block; Sections 1, 2, 8, & 9; and all other sections where changes are being requested or have occurred. Sign and date the application.

- Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned. PROCESSING TIME: Allow thirty (30) days.
- 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.

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. 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.

2. 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. | | |

3. How long have you been practicing taxidermy? _____ year(s). Describe any formal training which you have received:

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

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

6. (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? _____

7. (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.)

8. 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) 688-1506
Counties: Carson City, Churchill, Douglas,
Humboldt, Lyon, Mineral, Pershing, Storey, Washoe

Southern Region

Nevada Department of Wildlife
3373 Pepper Ln.; Las Vegas, NV 89120
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

Department Representative: _____

Date Received: _____

Date Approved: _____

Date Returned for Additional Information: _____

Date Disapproved: _____

Letter Sent: _____

REASON FOR DISAPPROVAL: