

WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR WILDLIFE PERMIT/LICENSE RENEWAL

THIS IS AN APPLICATION FOR THE REISSUANCE OF A WILDLIFE PERMIT/LICENSE. INCOMPLETE RENEWAL FORMS MAY CAUSE A DELAY IN THE RENEWAL PROCESS. PLEASE COMPLETE ALL PARTS OF THIS FORM, THEN RETURN WITH FEE SHOWN IN PART 15 TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO MARYLAND DEPARTMENT OF NATURAL RESOURCES. RENEWALS MAY ALSO BE EMAILED TO WILDLIFEPERMITS.DNR@MARYLAND.GOV

1. Company: 2. Name: 3. Street: 4. City, State, Zip: 5. County:
8. Primary Phone (circle: Home Work Cell): 9. Secondary Phone (circle: Home Work Cell): 0. Name and Title of Principal Officer (If Company):
1. Type (circle one): TAXIDERMIST AND FUR-TANNER or EUROPEAN MOUNT
2. Current Permit #:
3. Location where authorized activity may be conducted (If Applicable):
14. New Permit/License will be Effective: 07/01/2024 and Expire: 06/30/2025 15. Fee: 50
16. Compliance with the Special Conditions below are necessary for Permit Renewal:
ALL SPECIES IN YOUR POSSESSION, INCLUDING THOSE LEGALLY TAKEN BY YOU, SHALL BE RECORDED IN THE TAXIDERMIST/FUR-TANNER'S LOG BOOK.
If you are located in a Chronic Wasting Disease Management Area (CWDMA) you are required to complete the Chronic Wasting Disease (CWD) authorization. Permits will not be issued without certification. Please initial to state you have completed the certification:
Please check here if you would like a new log book for the 2024 permit year: Choose how you would like your permit issued: Paper Digital
For digital issuance write your preferred email:
17. Check one of the following to comply with Maryland's Workmen's Compensation Act (Article 1-401):
I Am: SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.
SUPPLYING DNR WITH INSURANCE.BINDER NUMBER
SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE I AM NOT REQUIRED TO COMPLY WITH THIS LAW.
18. I HEREBY APPLY FOR RENEWAL OF THE ABOVE PERMIT/LICENSE AND CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
APPLICANT SIGNATURE: DATE: