DEPARTMENT OF NATURAL RESOURCES			WILDLIFE AND HERITAGE SERVICE APPLICATION FOR EUROPEAN MOUNT PERMIT/LICENSE				
 Print or typapplication. Contact thyyou have any 	nent of Natural Resources. to complete all pages of this llifepermits.dnr@maryland.gov if			Return completed application to: Permits Coordinator Wildlife and Heritage Service Tawes State Office Building 580 Taylor Ave, E-1 Annapolis, MD 21401			
NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST JUNE 30 FOLLOWING THE DATE OF ISSUANCE.							
	5/ORGANIZATION (IF APPLICABLE)						
3. STREET							
4. CITY			5. STATE			6. ZIP	
7. COUNTY							
8.PRIMARY PHONE:		circle one: HC	OME / WORK / CELL		9. SECONDARY PHONE:		circle one: HOME / WORK / CELL
10. EMAIL					11. DATE OF BIRTH		
12. SSN/TAX ID/FID							
13. LIST RELATED STATE & FEDERAL LICENSES OR PERMITS BELOW, INCLUDING PERMIT TYPE AND NUMBER:							
14. LOCATION WHERE ACTIVITY WILL BE CONDUCTED (IF APPLICABLE):							
15. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN 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.							
16. I HEREBY APPLY FOR 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.							
SIGNA	ATURE					DATE	

DNR (03/2024)