				WILDLIFE AND HERITAGE SERVICE						
DEPARTMENT OF NATURAL RESOURCES			APPLICATION FOR TAXIDERMIST AND FUR TANNER							
INSTRUCTIC					PERMIT/LICENSE Return completed application to:					
		y navahl	e to Denartn	ent of Natural Resources.			Permits Coordinator			
		to complete all pages of this			Wildlife and Heritage Service					
application.		ife a consistent de la Querca de la de la consiste			Tawes State Office Building					
3. Contact tr you have an	3540, or wiid	ifepermits.dnr@maryland.gov if			580 Taylor Ave, E-1					
jeu nare un					Annapolis, MD 21401					
NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST JUNE 30 FOLLOWING THE DATE OF ISSUANCE.										
CURRENT INFORMATION										
1. NAME										
2. BUSINESS/ORGANIZATION (IF APPLICABLE)										
3. STREET										
4. CITY					5. STATE		6. ZIP			
7. COUNTY	/									
8 DRIMARY						9. SECOND	ARY			
8.PRIMARY PHONE:			circle one: HOME / WORK / CELL			PHONE:		circle one: HOI	ME / WORK / CELL	
10. EMAIL	<u>. </u>					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):										
IT. LOCATION WHERE ACTIVITY WILL DE CONDUCTED (IL ALT LICADEL).										
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.					12 828		0112200			
SIGNATURE						DATE				

DNR (03/2024)