



**APPLICATION  
SCIENTIFIC COLLECTION/POSSESSION/BANDING PERMIT**

**Fee [Check one]:**     \$50.00 – 1 Year Permit (permit class 22.85)  
                                    \$100.00 – 2 Year Permit (permit class 22.92)

Please **PRINT** all information **except for your signature**. Incomplete or illegible applications will be returned.  
 PROCESSING TIME: All applications will be routed for review and approval, which can take up to 6 weeks, depending on complexity and bureau recommendations.

**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 send 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.**

<b>APPLICANT INFORMATION</b>		Tax Id Number/Client Number/ SSN:		DATE OF BIRTH:	
NAME [LAST]		[FIRST]		[MIDDLE]	
PHYSICAL ADDRESS:					
CITY:			STATE:		ZIP:
MAILING ADDRESS:					
CITY:			STATE:		ZIP:
HOME PHONE:		WORK PHONE:		E-MAIL ADDRESS:	
HEIGHT:	WEIGHT:		HAIR:	EYES:	GENDER:
DRIVER'S LICENSE NUMBER			STATE:		DATE ISSUED:
OCCUPATION:			EMPLOYER:		
WORK ADDRESS:					
INSTITUTION OR COMPANY YOU ARE REPRESENTING, IF NOT YOURSELF OR THE EMPLOYER LISTED ABOVE (NAME/ADDRESS/PHONE):					

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.)

- 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): <i>Pahrump Killifish</i> <i>Eumeces latos</i>	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, county, etc.) and dates of the proposed trapping/collecting/sampling or educational activity.

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

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

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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

Submit your completed application to:

Nevada Department of Wildlife  
License Office – Scientific Collection  
4600 Kietzke Lane D-135  
Reno, NV 89502

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FOR DEPARTMENT USE ONLY

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Date Disapproved: \_\_\_\_\_

Date Returned for Additional Information: \_\_\_\_\_

Department Representative: \_\_\_\_\_

REASON FOR DISAPPROVAL: