



APPLICATION FOR SCIENTIFIC PURPOSES LICENSE

State Form 21945 (R7 / 7-15)
Approved by State Board of Accounts, 2015

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
Attn: Operations Staff Specialist
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

- INSTRUCTIONS:** 1. Please print or type information.
2. Be sure to read all regulations.
3. Please allow 1-2 weeks for processing.

FEE: \$10.00 New Renewal Date (mm/dd/yy) _____

Name (Last, First, Middle Initial) _____ Date of Birth (mm/dd/yy) _____

Applicant's Occupation _____

Applicant's Affiliation _____

Business Address (Number and Street or Rural Route) _____

City _____ State _____ ZIP Code _____

Business Telephone Number (_____) _____ E-Mail Address _____

Cell Number (If Available) (_____) _____

- Please check all that apply for the type of species to be collected:** Mammals Fish Reptiles
 Amphibians Live mussels Dead shells Crustaceans Birds Nests and eggs

1. Please provide a detailed written description of the purpose of your study for each type of species. The description must include the purpose of the work and the types or names of species to be collected (small mammals, birds, etc.). Please attach a proposal or additional pages if necessary to completely describe your study.

2. Please describe the location where the work will be done (county, etc.). For fish and mussel surveys, please indicate the county and the lake or stream name.

3. What methods do you intend to use? _____

4. Please indicate whether all specimens will be released or if any will be retained or killed. If any specimens are to be retained or killed (including vouchered), please indicate the maximum number of specimens/species needed.

5. Where will voucher specimens (if any) be stored (include name and city and state)? _____

6. Will any type of drug, vaccine, steroid, micro-organism or other chemical be administered to any specimens that are being later returned to the wild? Yes No If yes, please attach written approval from a licensed veterinarian or a university Animal Care and Use Committee for permission to use the chemical for the purpose indicated on this application form.

7. Will any specimens be marked in any way or genetically modified and then later returned to the wild? Yes No If yes, please list the types of markers that will be used: _____

8. Will any work be done on public property (nature preserve, etc.)? Yes No If yes, please provide the name(s): _____

Please attach your proposal or additional pages if necessary.

AGREEMENT

I have read and understand the regulations governing the scientific purposes license and agree to abide by them. Under penalty of perjury (*IC 35-44-2-1*), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Please send the completed application with any attachments and a check or money order made payable to the Indiana DNR in the amount of \$10.00 to the address listed on page 1.

Signature of Applicant _____ **Date** (*mm/dd/yy*) _____

NEW APPLICANTS

State law in Indiana Code 14-22-22-2 requires new applicants to obtain the signatures of two scientists in a relevant field to serve as references. These references should sign below or you must attach an original, signed letter of reference from each.

1) Signature of Reference (Scientist/Biologist) _____

Printed Name _____ Occupation _____

Address (*number and street, city, state, ZIP code*) _____

2) Signature of Reference (Scientist/Biologist) _____

Printed Name _____ Occupation _____

Address (*number and street, city, state, ZIP code*) _____

FOR OFFICE USE ONLY

License Number _____ Date License Issued (*mm/dd/yy*) _____ Check/Money Order Number _____

Approved by _____ Date (*mm/dd/yy*) _____

Comments _____