



**APPLICATION FOR SPECIAL PURPOSE
SALVAGE PERMIT**

State Form 51801 (R2 / 5-13)

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
Attn: Permit Coordinator
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. Attach additional sheets for explanation if necessary.
- 3. All sections must be complete before submitting.

Please check one: New Applicant Renewal (Annual Report Required)

Date _____
(month, day, year)

Name of Applicant _____ Date of Birth _____
Last Name First Name Middle Initial (month, day, year)

Name of Educational Institution or Organization _____

Applicant's Position with Institution/Organization _____

Street Address _____ Telephone Number (_____)
(number and street)

City _____ State _____ ZIP Code _____ County _____

E-Mail Address _____ Website (if applicable) _____

1. Please list the species or type of species that will be salvaged:

MAMMALS: Yes No If yes, please list species: _____

REPTILES: Yes No If yes, please list species: _____

AMPHIBIANS: Yes No If yes, please list species: _____

BIRDS*: Yes No If yes, please list species: _____

*For birds, please provide your federal permit number or name of person on whose permit you are listed as a subpermittee: _____

2. Please describe the purpose for salvaging specimens: _____

3. Please indicate the counties in Indiana where you will be salvaging specimens: _____

4. Please identify the location (name of organization/business and address) where the specimens salvaged under this permit will be deposited:

Name: _____

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

Please list the names and addresses of individuals (*if any*) who will be assisting you:

- 1) Name _____ Telephone Number _____
Address _____
(number and street, city, state, and ZIP code)
- 2) Name _____ Telephone Number _____
Address _____
(number and street, city, state, and ZIP code)
- 3) Name _____ Telephone Number _____
Address _____
(number and street, city, state, and ZIP code)

NOTE: If additional space is needed, list information on another sheet.

AGREEMENT

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** _____
(month, day, year)

FOR OFFICE USE ONLY

Approved by _____ Date _____
(month, day, year)

Comments _____