Reset Form

APPLICATION FOR SPECIAL PURPOSE EDUCATIONAL PERMIT

State Form 51815 (R2 / 6-13)

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_____

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 (_____) _____

City _____ State _____ ZIP Code _____ County_____

E-Mail Address _____ Website (*if applicable)*_____

---

1. Please list the wild animal(s) that will be used for educational purposes:

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

_____

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

_____

BIRDS: ☐ Yes ☐ No If yes, please list:_____

_____

2. Please describe how each animal was obtained *(rehabilitation, purchase, etc.)*:_____

_____

_____

_____

3. If the animals were obtained under a rehabilitation permit, are they permanently injured and non-releasable? ☐ Yes ☐ No
If yes, attach a statement from a veterinarian indicating why the animal is non-releasable (*new animals only*).
If no, please explain:_____

_____

_____

_____

3. What is the purpose of your educational program? Attach an outline of the educational program, including as much detail as possible. _____

_____

4. Please list the names and addresses of individuals (*if any*) who will be assisting you:
   1) Name _____ Telephone Number _____
      Address *(City, State, and ZIP Code)* _____
   2) Name _____ Telephone Number _____
      Address *(City, State, and ZIP Code)* _____
   3) Name _____ Telephone Number _____
      Address *(City, State, and ZIP Code)* _____

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

AGREEMENT

I have read and understand the regulations and agree to use the animals listed hereon for educational purposes in accordance with 312 IAC 9-10-9.5. 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 Approved *(month, day, year)*:_____

Comments:_____