



DNR
Indiana Department
of Natural Resources

APPLICATION FOR SPECIAL PURPOSE EDUCATIONAL PERMIT

State Form 51815 (R3 / 10-2026)

Indiana Department of Natural Resources
Division of Fish, Wildlife & Nature Preserves
402 West Washington Street, W273
Indianapolis, IN 46204
Telephone: 317-232-4102
Fax: 317-232-8150
Website: on.IN.gov/dnr

PLEASE RETURN VIA:

EMAIL wildlifepermits@dnr.IN.gov

MAIL

Indiana Department of Natural Resources
Division of Fish, Wildlife & Nature Preserves
ATTN: Permitting Biologist
402 West Washington Street, Rm W273
Indianapolis, IN 46204

INSTRUCTIONS:

1. Please print or type information.
2. Attach additional sheets for explanation, if necessary.
3. All sections must be complete before submitting.

RESET

APPLICANT INFORMATION

Please Check One: ☐ New Applicant ☐ Renewal (Annual Report Required)		Date Signed (mo./date/year)
Name of Applicant (last, first, middle, previous or maiden name)		Phone Number (with area code)
Street Address		County
City	State	Zip Code
Email Address		

EDUCATIONAL INSTITUTION / ORGANIZATION INFORMATION

Name of Educational Institution/Organization	
Applicant's Position with Institution/Organization	
Business Address (Street, City, State, ZIP code) (if different from above)	
Business Website (if applicable)	Phone Number (with area code)
Describe the type of Institution/Organization	

APPLICATION DETAILS

1. Please list the number and species of each wild animal that will be used for educational purposes: (attach additional sheets if necessary)	
MAMMALS ☐ Yes ☐ No	Number & Species:
REPTILES/ AMPHIBIANS ☐ Yes ☐ No	Number & Species:
BIRDS* ☐ Yes ☐ No	Number & Species:
* For Birds	Are you exempt from a federal permit? ☐ Yes ☐ No
If <u>NO</u> , provide	Federal Permit Number
	Person/Organization Name under whom you are a sub-permittee

2. New Applicants or New Animals: Please describe how and when each animal was obtained and attach documentation. (example: rehabilitation, purchase)				
3. Were the animals obtained under a rehabilitation permit and permanently injured/non-releasable? ☐ Yes ☐ No If <u>YES</u> , attach a signed and dated veterinarian statement indicating the animal is non-releasable. If <u>NO</u> , please explain below how the animals were obtained or legally possessed:				
4. What is the purpose of your educational program?				
5. Please list the names and addresses of individuals (if any) who will be assisting you?				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Name</td> <td style="width: 40%; padding: 2px;">Phone Number (with area code)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Address (Street, City, State, ZIP code)</td> </tr> </table>	Name	Phone Number (with area code)	Address (Street, City, State, ZIP code)	
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6. Please attach an outline of the educational program. Include as much detail as possible.				

AGREEMENT	
I have read and understand the regulations and agree to use the animals listed hereon for educational purposes in accordance with the regulations. Under the penalties of perjury (IC 35-44.1-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.	
Signature of Applicant	Date Signed (mo./date/year)

* FOR OFFICE USE ONLY *	
Approved by:	Date Approved:
Permit Number:	Date Issued:
Comments:	