APPLICATION FOR NUISANCE
WILD ANIMAL CONTROL PERMIT
State Form 5600 (R6 / 6-22)
Approved by State Board of Accounts, 2022

Instructions: 1. *Please type or print information.*
2. *Be sure to read regulations.*
3. *Submit completed application form to the above address.*
4. *If charging a fee, include payment of $25.00 made payable to Indiana DNR with application.*

Check One: ❑ New Applicant   ❑ Renewal   Date *(month, day, year)*_____

Name of Applicant *(first name, last name)*:_____ Date of Birth:_____

Telephone Number:_____ E-Mail Address:_____

Name of Business *(if applicable)*:_____

Address *(Number and Street)*:_____

City:_____ State:_____ ZIP Code:_____ County:_____

Business Website *(if applicable)*:_____

1) Will you be charging a fee <u>or</u> providing nuisance wild animal control services to the public? ❑ Yes (*$25.00 fee*) ❑ No
   a) If yes, include check / money order for $25.00 made payable to Indiana DNR *(pursuant to IC 14-10-2-1)*.
   b) If yes and you are a new applicant, you must first successfully complete the permit examination.

2) Names of assistants *(if applicable)*:_____

3) List the species of wild animals that will be removed:_____

4) List the proposed method(*s*) of capturing wild animals *(live-trap, hand catch, snare, etc.)*:_____

For landowners, tenants, maintenance staff, and others that do not charge a fee or provide nuisance wild animal control services to the public:

1) Is this on your own property? ❑ Yes   ❑ No

2) List the property address *(street, city, county)* where the animals will be removed *(if different from above)*:_____

3) Check one: ❑ animal is causing or threatening to cause damage   ❑ animal is posing a health or safety threat

For individuals who charge a fee or provide nuisance wild animal control services to the public:

1) List the counties where you plan on removing nuisance wild animals *(county names)*:_____

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

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

FOR OFFICE USE ONLY

Test/Cont Ed.: ❑ Yes ❑ No ❑ N/A Date Issued *(month, day, year)*:_____ Check/MO Number _____

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

Comments:_____