Wildlife Importation Application and Permit

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT, CAPTIVE WILDLIFE OFFICE
620 SOUTH MERIDIAN STREET, TALLAHASSEE, FLORIDA 32399-1600

SENDER INFORMATION		
Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

TRANSPORTER INFORMATION		
Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

RECIPIENT INFORMATION		
Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

WILDLIFE (SPECIES AND NUMBER)

I certify that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379 Florida Statutes, and the rules and regulations of the Commission pertaining to the importation and possession of wildlife. I understand that my wildlife facilities and transport caging are subject to inspection by Commission personnel, as required by Florida Statute.

Name (Please Print) _____ Signature _____ Date _____

DO NOT WRITE BELOW LINE – FOR COMMISSION USE ONLY

NOT VALID WITHOUT FWC STAMP

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Approved By: _____ Issued: _____

Permit Effective Date: _____ Expires: _____

Denied By: _____ Date: _____

Reason: _____

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