



SOUTH CAROLINA DEPARTMENT OF NATURAL RESOURCES
 Division of Wildlife and Freshwater Fisheries
 PO Box 167, Columbia, SC 29202
 Wildlife Scientific Collection Permit Request
www.dnr.sc.gov

Scientific Collection Permit Application Form

Date: _____

1. _____
 (Name of applicant) (Address)

_____ (Telephone) _____ (Age) _____ (E-mail)

_____ (Institution represented) _____ (Official position of applicant)

2. Categories requested: A B(1) B(2)

3. Professional Qualifications of Applicant:
 (Attach supplementary sheet if necessary)

Education: _____

Experience: _____

4. References:

Name	Address	

City	State	Zip Code

Telephone	E-Mail	

Name	Address	

City	State	Zip Code

Telephone	E-Mail	

5. Description of Research Activities: (attach supplementary sheet or proposal and maps if necessary)

A. Objective:

B. Need and Justification:

C. Duration:

D. & E. Species, Number and Sampling, Frequency of Sampling

Species	# or Range	Frequency of Sampling

F. Procedures & Methods:

G. Location:

H. Specimen Disposition:

I. Information Exchange:

6. Federal Permit Numbers and Types:

7. Application Fee Enclosed

I have read the terms for issuance of this permit on the permit application form instructions for use and agree to abide by them.

Signature

Date