



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Natural Resources
 Wildlife Division

DEEP USE ONLY	
App Date:	_____
Check No.:	_____
Check Amount:	_____

Application for License to Practice Taxidermy

Part I: Applicant Information

Name:			
Conservation ID Number:			
Residence Address:	City/Town:	State:	Zip Code:
Mailing Address:	City/Town:	State:	Zip Code:
Daytime Phone:	Evening Phone:	Email:	
Date of Birth:			
Eye color:	Hair color:	Weight:	Height:
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary	
Ethnicity: <input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other
Driver's License: State:	Number:		
I expect to conduct my business as a Taxidermist at:			

Part II: Fee Information

The application fee for the <i>License to Practice Taxidermy</i> is \$105.00

Part III: Certification

<p>"I hereby make application for a license to practice taxidermy.</p> <p>I certify that I will permit, at any time, any Law Enforcement Officer to examine and inspect any premises used by me for the practice of taxidermy or for the storage of specimens.</p> <p>I agree to make an annual report to the Department of Environmental Protection of the number and species of birds and quadrupeds mounted.</p> <p>I am a citizen of the United States and a bona fide resident of Connecticut.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I declare, under the penalties of false statement, that the submitted information is true, accurate and complete to the best of my knowledge and belief."</p> <p>"By entering my name below, I agree that I am providing my legal signature, and am legally bound by the certifications above."</p>				
<table> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Printed Name of Applicant</td> <td>Date</td> </tr> </table>	_____	_____	Printed Name of Applicant	Date
_____	_____			
Printed Name of Applicant	Date			

Please make check payable to the **Department of Energy and Environmental Protection**. Mail completed application and fee to:
 License and Revenue Unit
 Department of Energy and Environmental Protection
 79 Elm Street
 Hartford, CT 06106-5127