



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF NATURAL RESOURCES

Application for License to Practice Taxidermy

DEP USE ONLY	
Permit No.	_____
Deposit Ref.	_____

Part I: Applicant Information

Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
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

"I hereby make application for a license to practice taxidermy. 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. I agree to make an annual report to the Department of Environmental Protection of the number and species of birds and quadrupeds mounted. I am a citizen of the United States and a bona fide resident of Connecticut. I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text. 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."	
_____ Signature of Applicant	_____ Date
_____ Name of Applicant (print or type)	_____ Title (if applicable)

Please make check payable to the **Department of Environmental Protection**. Mail completed application and fee to:

Department of Environmental Protection
License and Revenue Unit
79 Elm Street
Hartford, CT 06106-5127