



Commonwealth of Massachusetts

Division of Fisheries & Wildlife

MassWildlife

Jack Buckley, *Director*

APPLICATION FOR SCIENTIFIC COLLECTION PERMIT (For Research and/or Education)

The Permit Application is for the Scientific Collection of:

- Mammals
- Birds
- Reptiles and Amphibians
- Fish
- Invertebrates
- Plants
- Salvage

PROVIDE ATTACHMENTS IF EXTRA SPACE IS NEEDED

NAME _____ AGE _____

HOME ADDRESS _____

HOME PHONE (____) _____ EMAIL _____

BUSINESS ADDRESS _____

BUSINESS PHONE (____) _____

IF THIS APPLICATION IS FOR BIRDS,
DO YOU HAVE A MIGRATORY BIRD PERMIT? ___ IF YES, GIVE PERMIT# _____

STATE SPECIFICALLY NUMBER AND SPECIES OF ANIMALS OR PLANTS TO BE
COLLECTED AND/OR
POSSESSED _____

STATE REASON FOR COLLECTION AND/OR POSSESSION _____

www.mass.gov/masswildlife

Division of Fisheries and Wildlife

251 Causeway Street, Suite 400, Boston, MA 02114 (617) 626-1590 Fax: (617) 626-1517
An Agency of the Department of Fish & Game

PUBLIC SCIENTIFIC OR EDUCATION INSTITUTION TO WHICH COLLECTED SPECIMEN WILL BE DONATED_____

STATE SPECIFICALLY WHERE COLLECTIONS WILL BE MADE_____

DESCRIBE METHODS OF COLLECTION_____

NAME(S) OF ANY SUBPERMITTEE(S)_____

IF SEEKING A SCIENTIFIC COLLECTING PERMIT STATE YOUR QUALIFICATIONS AND ENCLOSE AN OUTLINE OF YOUR PROPOSED STUDY_____

Please recheck to assure that all questions have been answered completely.

*FAILURE TO FOLLOW DIRECTIONS WILL SLOW OR DELAY
PROCESSING OF THIS APPLICATION.

I certify that the information provided above is true and correct to the best of my knowledge and belief.

Date

Signature of Applicant

Department Head or Sponsoring Faculty Member
(required if applicant is a student)