



**STATE OF CONNECTICUT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF NATURAL RESOURCES**

**Application for License to Practice Taxidermy**

<b>DEP USE ONLY</b>	
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 <b>\$105.00</b>
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**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>	
_____ 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