



**APPLICATION FOR SPECIAL PURPOSE  
SALVAGE PERMIT**

State Form 51801 (R / 5-08)

**DEPARTMENT OF NATURAL RESOURCES**

Division of Fish and Wildlife  
Attn: Permit Coordinator  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Telephone: (317) 233-6527  
Fax Number: (317) 232-8150

**INSTRUCTIONS:**

- 1. Please print or type information.
- 2. Attach additional sheets for explanation if necessary.
- 3. All sections must be complete before submitting.

Please check one:  New Applicant  Renewal (Annual Report Required)

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_\_ Applicant's Driver's License Number \_\_\_\_\_

Street Address \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ )

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Educational Institution/Organization Information

Name of Organization or Educational Institution \_\_\_\_\_

Applicant's Position with Institution/Organization \_\_\_\_\_

Describe the type of Organization or Institution \_\_\_\_\_

Business Address (if different from above) \_\_\_\_\_

Business Telephone Number ( \_\_\_\_\_ )

1. Please list the species that will be salvaged:

MAMMALS:  Yes  No If yes, please list species: \_\_\_\_\_

REPTILES:  Yes  No If yes, please list species: \_\_\_\_\_

AMPHIBIANS:  Yes  No If yes, please list species: \_\_\_\_\_

BIRDS\*:  Yes  No If yes, please list species: \_\_\_\_\_

\*For birds, please provide your federal permit number or name of person on whose permit you are listed as a subpermittee: \_\_\_\_\_

2. Please describe in detail the activity or purpose for salvaging specimens: \_\_\_\_\_

3. Please indicate the counties in Indiana where you will be salvaging specimens: \_\_\_\_\_

4. Please list the names and addresses of individuals (*if any*) who will be assisting you:

- 1) Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address (*City, State, ZIP Code*) \_\_\_\_\_
- 2) Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address (*City, State, ZIP Code*) \_\_\_\_\_
- 3) Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address (*City, State, ZIP Code*) \_\_\_\_\_

5. Please identify the location (*name of organization/business and address*) where the specimens salvaged under this permit will be deposited:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If additional space is needed, list information on another sheet.

**AGREEMENT**

Under the penalties of perjury (IC 35-44-2-1), I certify that the information supplied by me is true and correct to the best of my knowledge.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_