

#### **IOWA DEPARTMENT OF NATURAL RESOURCES**

Licensing Section 6200 Park Ave Ste 200, Des Moines IA 50321 (515) 725-8200 | <u>www.iowadnr.gov</u>

## APPLICATION FOR SCIENTIFIC COLLECTOR'S PERMIT

If completing online, please use the "TAB" key to navigate your way through this form. <u>Do not</u> press Enter.			
APPLICANT INFORMATION:			
Last Name:		First Name:	
Mailing Address:			Phone #:
City:	State	:	Zip:
Email:	County:		
ORGANIZATION INFORMATIO	ON:		
Organization Name:			
Mailing Address:			Phone #:
City:	State:	Zip:	County:
APPLICATION FOR	S5.00 (one year)	\$10.00 (two ye	ears) 🗌 \$15.00 (three years)
New Applicant			

I have included the following supporting documents:

A detailed narrative of the project for which the permit is being applied for. Narrative must include: the reason the project is being undertaken, the expected outcome and/or conservation benefit for Iowa, list of the species or the groups of plants or animals and the number of each species or group to be studied and collected, and a description of collection methods to be used.

### Renewal Applicant

## Last year's number:

I have included the following supporting documents:

A detailed narrative of the project for which the permit is being applied for. Narrative must include: the reason the project is being undertaken, the expected outcome and/or conservation benefit for Iowa, list of the species or the groups of plants or animals and the number of each species or group to be studied and collected, and a description of collection methods to be used.

Annual report from the previous permit year(s)

#### Please print

List the location, including a description of site where the collection is to occur:

Provide the timeframe of the project:

List the name and date of birth for each person working with the project:

Please remit application and payment to the address at the top of this page or **e**mail a copy of the form to <u>webmaster@dnr.iowa.gov</u> with the subject line: Credit Card Payment for (Name), wait a minimum of 20 minutes after sending, then call 515-725-8200 to make the payment.

By signing this application I verify the following statements are true:

- I acknowledge and understand the rules and regulations regarding having this permit and realize a State Conservation Officer may inspect my collection at any reasonable time. The Iowa Wildlife Salvage Permit laws can be found in Iowa Code Chapter 481A.65 and the Iowa Administrative Code Chapter 571-111.
- I understand that all persons engaged in collecting under the authority of a scientific collecting permit must carry a photocopy of the permit and display it upon request of any DNR employee. Collecting for this project by anyone <u>not</u> listed on the scientific collecting license is prohibited.
- I understand that work with threatened or endangered species requires approval by the appropriate bureau and the authorization of the Director of the Department of Natural Resources or the Director's designee. A complete list of state and federal threatened and endangered species can be found on the following web pages: http://www.iowadnr.gov/Conservation/Threatened-Endangered and https://www.fws.gov/endangered.

# Failure to submit annual reports is a violation of law. Annual reports from the previous year must be received by January 31<sup>st</sup> of the current license year and prior to this permit being issued.

Signature of Applicant

Signature and Verification by Institution Official (Director, President, etc.)

**Endangered Species Coordinator** 

Bureau Chief

Date

Date

DNR Director's Signature or Designee

Date