

Department of Natural Resources  
Law Enforcement Division  
Special Permit Unit  
2065 U.S. Highway 278, S.E.  
Social Circle, Georgia 30025  
(770) 761-3044

**RENEWAL  
WILD ANIMAL LICENSE  
FOR DEALING/BREEDING REGULATED FISH**  
(Use attachments if more space is needed)  
Fee \$236

1 Applicant name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
(Nonresidents must meet one of the conditions listed at bottom for service of legal process)

Email: \_\_\_\_\_ (Nonresidents must meet one of the conditions listed at bottom for service of legal process)

Date of Birth (required) \_\_\_\_\_ Social Security Number (required) \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Customer Number (if this is a renewal) \_\_\_\_\_

2. Business, corporation, public agency or institution to be covered by license (Include name and type):

\_\_\_\_\_  
\_\_\_\_\_

3. Describe in detail your proposed purpose for holding these animals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Address or location where proposed business activity is to be conducted:

\_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

5. Species, Number, Sex, and Age (if known) of animals to be licensed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe in detail facilities for holding/transporting animals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Source or Supplier of animal(s):

\_\_\_\_\_  
\_\_\_\_\_

8. Method of shipment and where to be received:

\_\_\_\_\_

9. Give a detailed history of all experience and training in handling and dealing or breeding wildlife:

\_\_\_\_\_  
\_\_\_\_\_

O.C.G.A. § 16-10-20: "A person who knowingly and willingly makes a false, fictitious, or fraudulent statement...in any matter within the jurisdiction of any department or agency of state government...shall, upon conviction thereof, be punished by a fine of not more than \$1000 or by imprisonment for not less than one or more than five years, or both."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink)

\*\*\*\*\*

If paying by Credit card, enter card # here: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Amount \$ \_\_\_\_\_

Type of card: Visa  MasterCard  Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code # \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_

paying by Money order or Check - payable to the Department of Natural Resources, in the amount of \$50.00