Arizona Game and Fish Dept. **FOR DEPARTMET USE ONLY**

Date Received Region
Date Reviewer Received
Review Completion Date
Approved Partial Denied
PLEASE PRINT OR TYPE Valid From To

****Social Security Number is voluntary-to be used for Sportsman's Database Only****

APPLICATION FOR WILDLIFE HOLDING LICENSE
FEE: none

Circle one NEW or RENEWAL

Circle one: EDUCATIONAL WILDLIFE MANAGEMENT/SCIENCE/PUBLIC HEALTH
HUMANE TREATMENT COMMERCIAL PHOTOGRAPHY

Circle only one (if you apply for more than one, submit an application for each activity.) If new activity, you must complete a new application information, see R12-4-417 and Application Instructions for New Wildlife Holding License.

Name _____ Date of Birth _____ Phone _____

Address _____ City_____ State ____ Zip_____

Department ID Number/SSN: _____ Email _____

Gender____ Height ____ Weight____ Eyes ____ Hair____

If using wildlife for commercial purposes:

Business Name _____ Phone _____

Address _____ City _____State _____ Zip _____

If using wildlife for educational purposes or scientific institution:

Institution Name _____Phone _____

Address _____ City _____ State _____ Zip _____

Location where wildlife will be held (one application per location):

Location Name_____ Phone _____

Address _____ City_____ State _____ Zip_____

Township _____ Range _____ Section _____

Date(s) of holding_____ to _____

Species	# under New	# under current Renewal

(Use Continuation Form if necessary)

Attachments: Additional information required under R12-4-417

_____ Description/diagram of facilities

_____ Proposal that describes activity applicant intends to perform, clearly stating the contribution the proposed activity will make to one or more of the primary purposes listed in R12-4-417B.

_____ Statement of experience in handling and providing care for the above listed species.

_____ Statement on how wildlife will be disposed after activity ends.

APPLICANT SIGNATURE: I certify the above is true and correct, and that my live wildlife privileges are not revoked in this or any other state or the United States. Date _____

Approved By Date _____

FORM 2717-A Revised 8/06

SPECIES CONTINUATION FORM

Species	# under New	# under current Renewal

FORM 2717-A Revised 8/06

Print Form