Arizona Game and Fish Department

FOR DEPARTMENT USE ONLY

Date Received

Received By

PLEASE PRINT OR TYPE

REPORT FORM FOR
ZOO LICENSE
DUE NO LATER THAN JANUARY 31
REPORT FOR CALENDAR YEAR _____

Name _____ Date of Birth _____ Phone _____ Zoo License # _____

Address _____ City _____ State ___ Zip _____ Department ID Number/SSN: _____

Email Address: _____

Species	# of animals	Source/ Propagation	Date Obtain/prop	Date Disposed	Manner of Disposal	Name of individuals who received wildlife*

LICENSEE SIGNATURE- I certify the information provided is true and correct. Date

FORM 2720-B Revised 8/06

Print Form