

MARYLAND DEPARTMENT OF NATURAL RESOURCES WILDLIFE AND HERITAGE SERVICE

APPLICATION FOR WATERFOWL PROCESSING PERMIT/LICENSE

INSTRUCTIONS

- A. THIS IS AN APPLICATION FOR A WILDLIFE PERMIT/LICENSE. COMPLETE ALL THE INFORMATION IN PARTS 1-11 AND 15-17.
 B. RETURN WITH FEE SHOWN IN PART 14 TO PERMITS COORDINATOR, WILDLIFE AND
- B. RETURN WITH FEE SHOWN IN PART 14 TO PERMITS COORDINATOR, WILDLIFE AND HERITAGE SERVICE, 580 TAYLOR AVE., E-1, ANNAPOLIS MD 21401. MAKE CHECKS PAYABLE TO THE "DEPARTMENT OF NATURAL RESOURCES.

CURRENT INFORMATION		
1. NAME		
2. STREET		
3. CITY		
4. STATE/ZIP		
5. COUNTY		
6. PHONE - HOME		
7. PHONE - WORK		
8. DATE OF BIRTH		
9. NAME AND TITLE OF PRINCIPAL OFFICER (IF #1 IS A BUSINESS)		
10: SOCIAL SECURITY OR FEDERAL TAX #		
11. LOCATION WHERE ACTIVITY WILL BE CONDUCTED (IF APPLICABLE):		
12. TYPE: WATERFOWL PROCESSING		
13. NEW PERMIT/LICENSE WILL EXPIRE ON THE FIRST JUNE 30 FOLLOWING THE DATE C	F ISSUANCE.	14. FEE: \$0.00
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15. COMPLETE THE FOLLOWING:	OF ISSUANCE.	14. FEE: \$0.00
	F ISSUANCE.	14. FEE: \$0.00
15. COMPLETE THE FOLLOWING: 16. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401).	OF ISSUANCE.	14. FEE: \$0.00
15. COMPLETE THE FOLLOWING: 16. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401). I AM: SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE.	OF ISSUANCE.	14. FEE: \$0.00
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15. COMPLETE THE FOLLOWING: 16. CHECK ONE OF THE FOLLOWING TO COMPLY WITH MARYLAND'S WORKMEN COMPENSATION ACT (ARTICLE 1-401). I AM: SUPPLYING DNR WITH A CERTIFICATE OF INSURANCE SUPPLYING DNR WITH INSURANCE BINDER NUMBER SELF-EMPLOYED OR EMPLOY ONLY FAMILY MEMBERS, AND THEREFORE 17. I HEREBY APPLY FOR THE ABOVE PERMIT/LICENSE AND CERTIFY UNDER PENALTY OF AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	I AM NOT REQUIRED TO COMPLY OF PERJURY THAT THE INFORMAT	WITH THIS LAW.