

APPLICATION

FOR RESTRICTED SNAKE PERMIT

Name _____ Date of Birth _____

Mailing Address _____

Phone/Cell _____

E-mail address _____

Physical address at which snakes will be kept (if different from mailing address)

If you are requesting a permit to possess venomous snakes, please complete the following:

- 1) Description of any experience and work with venomous snakes (dates, location, type of experience) [may be attached].

- 2) Provide the names and current phone numbers of two individuals who can verify your experience in working with venomous snakes [reference letters and/or copies of prior permits and employment records may be substituted and attached].

- 3) Attach documentation (transcripts) for college-level coursework in Zoology/Animal Biology or other pertinent coursework [if substituting for experience].

Signed _____ Date _____