2024 SOUTH DAKOTA DEPARTMENT OF GAME, FISH, AND PARKS FREE SCIENTIFIC COLLECTOR'S PERMIT APPLICATION

Instructions

- 1. The taking of any federal or state threatened or endangered species, will be allowed ONLY by specific authorization for each species. For authorization to take a state listed species, consult http://gfp.sd.gov/licenses/other-permits/endangered-species-permit.aspx. Consult the U.S. Fish and Wildlife Service for authorization to take a federal listed species.
- 2. Collecting that may be authorized under this application does not relieve the applicant from compliance with other Federal/State laws or regulations.
- 3. The applicant is expected to contact the local Wildlife Conservation Officer prior to engaging in any collecting.
- 4. A report of collections must be submitted to Game, Fish, and Parks no later than January 31, following the year this permit is issued.
- 5. This application would be granted under the provisions of SDCL 41-6-32 and would expire on the 31st day of December for the year issued (unless otherwise stated).

DATE OF APPLICATION:			
NAME OF APPLICANT:			
ADDRESS OF APPLICANT:			
_			
TELEPHONE NUMBER OF AP	(CITY) PLICANT: Area Code	(STATE)	(ZIP +4)
EMAIL ADDRESS OF APPLICA			
ADDRESS:			
ADDRESS.			
	(CITY)	(STATE)	(ZIP +4)
Scientific purpose for which speci	imen collection is require	ed (project title, justificat	ion, and objective):
		ed (project title, justificat	ion, and objective):
Anticipated methods of collection		ed (project title, justificat	ion, and objective):
		ed (project title, justificat	ion, and objective):
		ed (project title, justificat	ion, and objective):
		ed (project title, justificat	ion, and objective):
Anticipated methods of collection		ed (project title, justificat	ion, and objective):

SPECIES NEEDS: Common Name & Species	Number Needed	Vicinity of Collection
1		
2		
3		
4		
5		
** Please attach ADDENDUM if more than fi		
Expected date(s) of collection and length of projects	:	
List of federal permits currently held:		
Permittee Name Type	Permit Number	Expiration Date
7 F		r
Signature:		
(Applicant)		
Verification by official of Institution or Association	represented.	
This is to certify that the named applicant	is collecting for the scient	ific purposes stated:
Signature:		
Print or type name:		
Title:		

Submit this application to:

J.M. Weidler; john.weidler@state.sd.us phone: 605-362-2719