

IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section 502 East 9th Street, Des Moines, IA 50319-0034 (515) 725-8200 <u>www.iowadnr.gov</u>

CASHIER'S USE ONLY 0233-542-0092-LF-0570 **Organization Name** License #

APPLICATION FOR EDUCATIONAL PROJECT PERMIT

if completing online, please use the "TAB" key to havigate your way through this form. Do not press Enter.										
APPLICANT INFORMATION:										
Last Nar	me:				First N	ame:				
Mailing	Address:						Phone	#:		
City:		Stat							Zip:	
Email:				County:						
ORGAN	IZATION I	NFORMATION:								
Organiza	ation Name	e:								
Mailing Address:			_	Phone #:						
City:			State:		Zip: Co		Co	unty:		
APPLICA	ATION FOI	₹			FEES					
New Applicant \$5.00 (one year) Renewal Applicant \$10.00 (two years) (Annual Report and narrative must be enclosed along with fee) \$15.00 (three years)										
Last year's number:										
A detailed narrative description of the project for which a permit is being applied <i>must</i> be attached or the application will be returned. The narrative must include the names of all persons working on the project, the species or the groups of plants or animals to be included, period of the project, location of the project and the reason the project is being undertaken.										
Signature of Applicant Date										
Annual reports from the previous year must be received prior to this permit being issued.										

This is an application and must be processed before the actual license can be issued. Please allow 5-7 days for the processing of the completed application DNR Form 542-1368

Please PRINT the NAME and DATE OF persons assisting with the collection:	BIRTH for all							
		Verification by Institution Official						
ASSISTANT'S NAME(S)	BIRTH DATE	(Director, President, etc.)						
(Add additional sheet if necessary.)								
This application requires t	he approval and sig	nature of your local DNR Law Enforcement Officer.						
		Facilities Adequate						
		Applicant Understands Regulations						
Officer's Signature	9	Narrative & Report Attached						
		APPLICATION APPROVED						
		APPLICATION DENIED						
Endangered Species Co	ordinator	Bureau Chief						
	Threatened or	Endangered Species						
Work with threatened or endangered Director of the Department of Natural		oval by the appropriate bureau and the authorization of the ctor's designee.						
	•	ientific collecting permit must carry a photocopy of the permit and this project by anyone <u>not</u> listed on the scientific collecting						
		DNR Director's Signature or Designee						
		DIAN Director 3 Signature of Designee						
		Date						



APPLICANT INFORMATION:

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EDUCATIONAL PROJECT PERMIT REPORT

Last Name:		First Name:			
Mailing Address:			Phone #:		
City:	State:			Zip:	
County:	License Year:		License	e #:	
	1				
SPECIES	DATE OBTAI	NED	DISPOSITION/DATE		

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

11/2014 cmc DNR Form 542-0258