



IOWA DEPARTMENT OF NATURAL RESOURCES  
 Licensing Section  
 502 East 9<sup>th</sup> Street, Des Moines, IA 50319-0034  
 (515) 725-8200 [www.iowadnr.gov](http://www.iowadnr.gov)

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

**APPLICATION FOR SCIENTIFIC COLLECTOR'S PERMIT**

**If completing online, please use the "TAB" key to navigate your way through this form. Do not press Enter.**

APPLICANT INFORMATION:					
Last Name:		First Name:			
Mailing Address:				Phone #:	
City:		State:		Zip:	
Email:			County:		

ORGANIZATION INFORMATION:					
Organization Name:					
Mailing Address:				Phone #:	
City:		State:		Zip:	
				County:	

APPLICATION FOR	FEES
<input type="checkbox"/> New Applicant <input type="checkbox"/> Renewal Applicant (Annual Report and narrative must be enclosed along with fee)	<input type="checkbox"/> \$5.00 (one year) <input type="checkbox"/> \$10.00 (two years) <input type="checkbox"/> \$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.

**Please remit application and payment to the address at the top of this page.**

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

Please **PRINT** the **NAME** and **DATE OF BIRTH** for all persons assisting with the collection:

**ASSISTANT'S NAME(S)**

**BIRTH DATE**

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**Verification by Institution Official**

(Director, President, etc.)

_____	_____
_____	_____
_____	_____

(Add additional sheet if necessary.)

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**Endangered Species Coordinator**

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**Bureau Chief**

**Threatened or Endangered Species**

Work with threatened or endangered species requires approval by the appropriate bureau and the authorization of the Director of the Department of Natural Resources or the Director's designee.

All persons engaged in collecting under the authority of a scientific collecting permit must carry a photocopy of the permit and display it upon request of any DNR employee. Collecting for this project by anyone not listed on the scientific collecting license is prohibited.

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**DNR Director's Signature or Designee**

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**Date**

**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**

