LICENSE NO.: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTY: _____

IOWA DEPARTMENT OF NATURAL RESOURCES
Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
(515) 725-8200 www.iowadnr.gov

SCIENTIFIC COLLECTING & WILDLIFE SALVAGE

According to Code of Iowa 481A.65 the Holder of a Scientific Collector's license shall, by January 31 of each year, file with the department a report showing all specimens by him collected or possessed under authority of the license or permit. Such license may be revoked at any time for cause.

REPORT FOR LICENSE YEAR: _____

(Use additional sheets if necessary.)

DATE	**SPECIES**	**HOW OBTAINED** Found dead? Trapped?	**FROM WHOM OBTAINED**	**LOCATION if a threatened or endangered species: County, Township, Range, and Section.**	**LOCATION HELD**	**DISPOSITION: Mounted, or Study Skin** Destroyed DNR Letter of A6uthorization Attached for Salvaged specimens**.**