

IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

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 navigate your way through this form. Do not press Enter.

APPLICANT INFORMATION:					
Last Name:	First Name:				
Mailing Address:		Phone #:			
City: Sta	ate:	Zip:			
Email:	County:				
ORGANIZATION INFORMATION:					
Organization Name:					
Mailing Address:	Phone #:				
City: State:	Zip:	County:			
APPLICATION FOR		FEES			
New Applicant	\$5.00 (one year	ar)			
Renewal Applicant (Annual Report and narrative must be enclosed along with fee)	\$10.00 (two y	ears)			
Last year's number:	\$15.00 (three	\$15.00 (three years)			
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 or email a copy of the form to webmaster@dnr.iowa.gov with the subject line: Credit Card Payment for (Name), wait a minimum of 20 minutes after sending, then call 515-725-8200 to make the payment.

Please PRINT the NAME and DATE OF persons assisting with the collection:	BIRTH for all		
ASSISTANT'S NAME(S)	BIRTH DATE	Verification by Institution Official (Director, President, etc.)	
(Add additional sheet if necessary.)			
This application requires t	he approval and sign	nature of your local DNR Law Enforcement Officer.	
		Facilities Adequate	
Officer's Signature		Applicant Understands Regulations	
Officer's signature	<i>:</i>	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	species requires appro	val by the appropriate bureau and the authorization of the	
All persons engaged in collecting under the authority of a scientific collecting permit must carry a photocopy of the permit display it upon request of any DNR employee. Collecting for this project by anyone <u>not</u> listed on the scientific collecting license is prohibited.			
		DNR Director's Signature or Designee	
		Date	



IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

EDUCATIONAL PROJECT PERMIT REPORT

APPLICANT INFORMATION:					
Last Name:	First Name:				
Mailing Address:					
City:					
County:					
SPECIES	DATE OBTAINED	DISPOSITION/DATE			

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

04/2024 cmc DNR Form 542-0258