

## State of Alaska Department of Fish and Game

## Application for Educational (Live Exhibition) Permit

Institution Informati	on:							
Applicant Name:								
Organization:								
Mailing Address:								
City:				State:		Zip code:		
Email Address:				Phone:		Cell:		
Person to notify when an	ı animal b	ecomes availa	able for	placement:				
Name:			Title:					
Email:		Phone:		Cell:				
Person responsible for a	arranging	transfer logist	ics (if d	ifferent than	above):			
Name:			Title:					
Email:					Cell:			
State agency responsible	e for perm	itting or licens	sina exh	nibition facili	ties:			
Agency Name:			Contact Name:					
Email Address:		Phone:			Fax:			
Please list the species you are requesting:								
Species Name	Number	Comments						
Describe your institution's experience with the requested or similar species:								

Describe your institution's holding facilities for the requested species (please attach diagrams, drawings, and/or photos):						
Describe your institution's educational program (please attach copies of sample educational materials, if available):						
I certify that all statements entered on this application are true and that I will abide by all conditions and restrictions of a permit if awarded.						
(Circulative of Applicant)	(Data)					
(Signature of Applicant)	(Date)					

Your application should include the following:

- 1. Completed application form
- 2. Proof of current AZA accreditation
- 3. Copy of current USDA Class C Exhibitor's License and most recent inspection report

(Note: additional materials may be requested following initial review of the application)

Completed applications should be emailed to <a href="mailto:dfg.dwc.permits@alaska.gov">dfg.dwc.permits@alaska.gov</a>.

Signed original must be mailed to Alaska Department of Fish & Game, Division of Wildlife Conservation, Permits Section, P.O. Box 110024, Juneau, AK 99811-0024.