

# APPLICATION

## FOR RESTRICTED SNAKE PERMIT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Physical address at which snakes will be kept (if different from mailing address)

\_\_\_\_\_  
\_\_\_\_\_

**If you are requesting a permit to possess venomous snakes, please complete the following:**

- 1) Description of any experience and work with venomous snakes (dates, location, type of experience) [may be attached].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Provide the names and current phone numbers of two individuals who can verify your experience in working with venomous snakes [reference letters and/or copies of prior permits and employment records may be substituted and attached].

\_\_\_\_\_  
\_\_\_\_\_

- 3) Attach documentation (transcripts) for college-level coursework in Zoology/Animal Biology or other pertinent coursework [if substituting for experience].

Signed \_\_\_\_\_ Date \_\_\_\_\_