

# NORTH CAROLINA WILDLIFE RESOURCES COMMISSION

## REPORT OF CAPTIVE WILDLIFE EDUCATIONAL ACTIVITY

Licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ E-Mail: \_\_\_\_\_

SPECIES	QUANTITY	SPECIES	QUANTITY	SPECIES	QUANTITY

### EDUCATIONAL PROGRAMS SPECIES UTILIZED IN

Date of Program	Species Utilized	Educational Program	Contact Person	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

*I submit this report in accordance with the requirements of 15 NCAC 10B .0301-.0302  
 and certify the information contained herein to be correct.*

**\*\*\*Report Must Be Submitted To Be Eligible For Renewal\*\*\***

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**RETURN COMPLETED REPORT TO:** NORTH CAROLINA WILDLIFE RESOURCES COMMISSION  
 DIVISION OF WILDLIFE MANAGEMENT  
 1722 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-1722