APPLICATION
Wildlife Captivity License for Holding

Please do not submit this application until facilities are ready to be inspected.
Please complete all applicable sections of this application and return to the address listed below. Incomplete applications will be returned.

06/23

Section I: Applicant's Information

Applicant's Name: _____ (Last) _____ (First) _____ (M. Initial) **Date of Birth(required):** _____

Resident Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Mailing Address: (if different from resident) _____ (PO Box or Street) _____ (City) _____ (State) _____ (Zip Code)

Facility Location: (if different from resident) _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Telephone #: ( ) _____ **Email:** _____ _____ **(County)**

Organization Affiliation: _____

Section II: Captivity Information

Purpose: ☐ Educational – Attach summary of educational plan ☐ Exhibition – Attach summary of exhibition plan

☐ Scientific – Attach research proposal

Species	Quantity	Source

**** Attach additional pages as needed ****

Section III: Federal License/Permit

☐ Individuals seeking to hold wild animals for education, exhibition, or research purposes requires a license from the U.S. Department of Agriculture. Please attach a copy of your USDA license.

☐ A valid Federal Migratory Bird Permit must be obtained from the U.S. Fish & Wildlife Service before a state Wildlife Captivity License for Holding may be issued. Please attach a copy of your Federal Migratory Bird Permit.

Is your facility complete and ready for inspection? ☐ Yes ☐ No (If no, please do not submit this application until the facility is ready for inspection)

Section IV: Rabies Species Applicant Information:

Evidence of Veterinarian Cooperation:

The Veterinarian below has agreed to provide necessary medical treatment relating to the possession of rabies species.

_____ **Name of Veterinarian (please print)**

(_____)_____ **Veterinarian Telephone #**

_____ **Veterinarian Office Address**

_____ **City**

_____ **Zip Code**

Acknowledgements:

☐ I hereby certify that contact information for the above veterinarian has been posted at my facility where the rabies species are being held.

☐ I have notified the animal control authority and local health department to inform them that I will be in possession of rabies species within the county. Contact information for both agencies has been posted at my facility where the rabies species are being held.

☐ I hereby certify that my rabies immunization is up to date.

I hereby certify that all information contained herein is accurate and truthful to the best of my knowledge. I have read and understand the rules and statutes pertaining to the possession of wildlife in North Carolina, under 15A NCAC 10H .1401-1406, G.S. § 113-272.5, and G.S. 113-275 and agree to abide by these regulations. I understand that if I am issued a Wildlife Captivity License for Holding, I will be responsible for the humane and ethical treatment of all wildlife obtained under that license and that additional state licenses may be required. I also understand that the Commission may revoke my license at any time and confiscate all wildlife in my possession should I violate any of these regulations or the conditions listed on my license.

It is the duty of the applicant to ensure that they are in compliance with all applicable local, state, and federal laws prior to submitting this application.

Applicant's Signature: **Date:**

Make check or money order for $55.00 payable to NCWRC. Price includes a $5.00 transaction fee as mandated by G.S. 113-270.1B. & G.S 113-270.1 (b5)(1) A service charge of up to $25 will be charged on returned checks (GS 25-3-506). Mail completed application with fee to:

NC Wildlife Resources Commission License Section
1707 Mail Service Center
Raleigh, NC 27699-1700
1(888) 248-6834 www.ncwildlife.org