



# Wildlife Importation Application and Permit

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION  
DIVISION OF LAW ENFORCEMENT, CAPTIVE WILDLIFE OFFICE  
620 SOUTH MERIDIAN STREET, TALLAHASSEE, FLORIDA 32399-1600

## SENDER INFORMATION

Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

## TRANSPORTER INFORMATION

Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

## RECIPIENT INFORMATION

Name:		
Business Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Email:	

## WILDLIFE (SPECIES AND NUMBER)


I certify that the information provided is true and correct. I agree to adhere to the provisions of Chapter 379 Florida Statutes, and the rules and regulations of the Commission pertaining to the importation and possession of wildlife. I understand that my wildlife facilities and transport caging are subject to inspection by Commission personnel, as required by Florida Statute.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW LINE – FOR COMMISSION USE ONLY**

**NOT VALID WITHOUT FWC STAMP**

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

Approved By: \_\_\_\_\_ Issued: \_\_\_\_\_

Permit Effective Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_