

ZOOLOGICAL HOLDING

2019 RENEWAL APPLICATION - ANNUAL REPORT

COMPLETE APPLICATION IN FULL - TYPE OR PRINT CLEARLY - ATTACH ADDITIONAL SHEETS IF NECESSARY. IF THIS APPLICATION IS INCOMPLETE, IT WILL BE RETURNED TO YOU. NO PERMIT WILL BE ISSUED UNTIL ALL REQUIRED INFORMATION IS SUBMITTED TO THE WILDLIFE PERMITS UNIT.

QUARTERLY REPORTS: The IMPORT, EXPORT, BIRTH and DEATH reports MUST BE SUBMITTED EACH YEAR ON A QUARTERLY BASIS. THESE REPORTS ARE REQUIRED FOR THE ZOOLOGICAL HOLDING PERMIT! SUBMIT THE FOURTH QUARTERLY REPORT WITH THIS RENEWAL APPLICATION. IF THE QUARTERLY REPORTS ARE NOT RECEIVED BY THE DUE DATES, YOU MAY BE SUBJECT TO PENALTY OR FINE. REPORTS MUST BE SUBMITTED EVEN IF NO CHANGES OCCURRED DURING THE QUARTER.

ONLY USE THIS RENEWAL IF YOU HAVE BEEN ISSUED A PREVIOUS YEAR PERMIT. IF YOU HAVE NOT BEEN ISSUED A PREVIOUS YEAR PERMIT, YOU MUST COMPLETE AN INITIAL APPLICATION, WHICH IS ALSO AVAILABLE ON THE DIVISION'S WEBSITE: www.njfishandwildlife.com

PLEASE CIRCLE ONE: RENEW THIS PERMIT DO NOT RENEW THIS PERMIT

IMPORTANT NOTE: An Annual Report is required even if you are not renewing. If you are not renewing - DO NOT SUBMIT FEE.

ZOOLOGICAL HOLDING PERMIT NUMBER: ZO 2018 _____
2018 Permit Number MUST BE SUPPLIED

NAME OF INSTITUTION _____

NAME OF OWNER/DIRECTOR _____

INSTITUTION ADDRESS _____
Street

City _____ State _____ Zip Code with Extension _____

NEW JERSEY COUNTY _____ SCHEDULE: Days and Hours open _____

Institution Phone:(_____) _____ Fax Number: _____

E-mail Address: _____
******REQUIRED******

******Your 2019 Zoological Holding Permit and accompanying information will now be emailed to you when processed. The Wildlife Permits Unit will no longer mail you a hard copy of your permit, so please be sure that your email address is correct.******

Website Address (if applicable): _____

OWNER/DIRECTOR HOME ADDRESS _____
MUST BE PROVIDED Street

City _____ State _____ Zip Code with Extension _____

Owner/Director Home Phone: (_____) _____

REQUIRED

Emergency Contact (Name & Cell Phone or Beeper Number): (_____) _____

VETERINARIAN NAME _____

Required

VETERINARIAN BUSINESS NAME: _____

VETERINARIAN ADDRESS _____

Street

City

State

Zip Code with Extension

VETERINARIAN PHONE: (_____) _____

Required

ATTACH PHOTOCOPIES OF CURRENT, APPLICABLE PERMITS INCLUDING STATE PERMITS, USDA PERMITS, U.S. FISH & WILDLIFE SERVICE PERMITS, ETC.

YOUR PERMIT WILL NOT BE REVIEWED OR ISSUED UNTIL THIS MANDATORY INFORMATION HAS BEEN SUPPLIED.

Effective immediately under the authority of the New Jersey Division of Fish and Wildlife: Captive Game and Exotic and Nongame regulations, THERE IS A BAN UNTIL FURTHER NOTICE ON THE IMPORTATION OF ALL CERVIDAE SPECIES INTO THE STATE OF NEW JERSEY INCLUDING, BUT NOT LIMITED TO: WHITE-TAILED DEER, BLACK-TAILED DEER, MULE DEER, RED DEER, SIKA DEER, MUNTJAC, REINDEER, ELK AND MOOSE. This is due to the growing concern of the spread of CHRONIC WASTING DISEASE into wild and farmed herds of animals in the deer family throughout the United States.

All Applicants bringing regulated hooved stock from outside of New Jersey **MUST PROVIDE** a photocopy of their **CURRENT USDA PERMIT**. **Also ATTACH PHOTOCOPIES OF CURRENT PERMITS AND HEALTH CERTIFICATES FOR MAMMALS.** All applicants bringing in any regulated hooved stock from outside of New Jersey must supply copies of health certificates certifying that the wildlife is free of Tuberculosis and Brucellosis and any other communicable disease. It is mandatory to comply with the *USDA Tuberculosis Eradication in Cervidae: Uniform Methods and Rules (Cervid UM&R)*. Cervids not known to be affected with or exposed to tuberculosis that originate from other herds (i.e. non-Accredited, non-Modified or non-Qualified herds) may be moved interstate if they are accompanied by a certificate stating that such cervids have been classified negative in two official tuberculosis tests that were conducted no less than 90 days apart, that the second test was conducted within 90 days prior to the date of movement, and **that the animals were isolated from all other members of the herd during the testing period.** Additionally, the Cervid UM&R has **NO** minimum age standards for testing of cervids for interstate movements from herds that are unclassified. Photocopies of health certificates must be submitted with your application. For more information, contact the United States Department of Agriculture.

List the **CURRENT INVENTORY OF REGULATED EXOTIC & NONGAME SPECIES IN YOUR POSSESSION**, as of December 31 of the previous year of issue. List the common names and total number of males and females. This list should include all regulated wildlife listed on your fourth quarterly reports. **PLEASE USE A COPY OF YOUR PREVIOUS YEAR PERMIT INVENTORY LIST IF POSSIBLE FOR GREATER ACCURACY AND CONVENIENCE.**

SEX / TOTAL NUMBER

SPECIES (COMMON NAME)

INVENTORY (continued): List the CURRENT INVENTORY OF REGULATED EXOTIC & NONGAME SPECIES IN YOUR POSSESSION, as of December 31 of the previous year of issue. List the common names and total number of males and females. This list should include all regulated wildlife listed on your fourth quarterly reports. PLEASE USE A COPY OF YOUR PREVIOUS YEAR PERMIT INVENTORY LIST IF POSSIBLE FOR GREATER ACCURACY AND CONVENIENCE.

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INVENTORY (continued): List the CURRENT INVENTORY OF REGULATED EXOTIC & NONGAME SPECIES IN YOUR POSSESSION, as of December 31 of the previous year of issue. List the common names and total number of males and females. This list should include all regulated wildlife listed on your fourth quarterly reports. PLEASE USE A COPY OF YOUR PREVIOUS YEAR PERMIT INVENTORY LIST IF POSSIBLE FOR GREATER ACCURACY AND CONVENIENCE.

SEX / TOTAL NUMBER

SPECIES (COMMON NAME)

Do you request any changes in your permit, other than the changes already listed on this form?

_____ **If YES, please list:**

RENEWAL DUE DATE: JANUARY 31, 2019

FEE:

_____ \$ 60.00 - Fewer than 10 regulated animals.

_____ \$110.00 - For 10 regulated animals or more.

SUBMIT CHECK OR MONEY ORDER ONLY

(CHECK OR MONEY ORDER MUST HAVE COMPLETE NAME AND MAILING ADDRESS OF APPLICANT)

Make payable to: NJ Division of Fish and Wildlife

I hereby affirm that I have read this application and agree to abide by all New Jersey Exotic and Nongame regulations. I hereby affirm that the information provided by me and/or my company on this application is true to the best of my knowledge. I understand that any false representation by the applicant or a permittee who knows or reasonably should know that the representation is false, and who has submitted the representation to induce the Department to issue a permit or take any other action, shall subject the applicant or permittee to all penalties available under State law, including revocation of any permit obtained based upon false information. All permits issued are valid only when used by the permittee in accordance with the terms and conditions of the permit and the regulations governing that permit. I have read these conditions and by signing and dating this application, I acknowledge and agree to all of the permit stipulations and regulations.

OWNER NAME _____
Please Print Legibly

OWNER SIGNATURE _____ DATE _____
MUST BE PROVIDED *DATE MUST BE PROVIDED*

Return Renewal Application with fee to:

**DIVISION OF FISH AND WILDLIFE
WILDLIFE PERMITS UNIT
Exotic & Nongame Wildlife Permits
26 Route 173 West
Hampton NJ 08827**



**PHONE: (908) 735-5450 - FAX: 908-735-5689
exoticpermits@dep.nj.gov**

www.njfishandwildlife.com

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