

# NJ NATIONAL GUARD BEAVER / OTTER PERMIT APPLICATION

_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ RANK	
_____ CONSERVATION ID (CID) NUMBER	_____ DATE OF BIRTH (MM/DD/YYYY)	_____ LAST FOUR of SSN		
_____ STREET MAILING ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE	
_____ TELEPHONE NUMBER	_____ NJ NATIONAL GUARD UNIT			
_____ FT HEIGHT	_____ IN WEIGHT	_____ HAIR	_____ EYES	_____ DATE

**Beaver Permit Zone Choice:**

\_\_\_\_\_  
1<sup>st</sup>      \_\_\_\_\_  
2<sup>nd</sup>      \_\_\_\_\_  
3<sup>rd</sup>

**Otter Permit Zone Choice:**

\_\_\_\_\_  
1<sup>st</sup>      \_\_\_\_\_  
2<sup>nd</sup>      \_\_\_\_\_  
3<sup>rd</sup>

**APPLICANTS MAY APPLY FOR ONLY ONE BEAVER TRAPPING PERMIT AND/OR ONE OTTER TRAPPING PERMIT**

**CHECK YOUR FISH & WILDLIFE DIGEST FOR CORRECT HUNTING ZONES, RULES, REGULATIONS & REQUIREMENTS.**

**RIFLE PERMIT REQUIRED WHEN HUNTING WITH A RIFLE OR MUZZLELOADER.**

MAIL TO:  
Department of Military & Veterans Affairs  
PO Box 340  
Trenton, New Jersey 08625-0340  
ATTN: MSG (Ret) Robert J. Greco  
IASD-ASB-RALV

FOR ADDITIONAL ASSITANCE CONTACT:  
MSG (Ret) Robert J. Greco (609) 530-6866  
[robert.greco@dmava.nj.gov](mailto:robert.greco@dmava.nj.gov)  
FAX: 609-530-7193