



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



PERSONAL USE APPLICATION AND QUESTIONNAIRE
Issued Under Authority of the Wildlife Code of the State of Florida
(Chapter 68A, Florida Administrative Code)

PLEASE PRINT OR TYPE (NO PENCIL)

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

I, _____, Permitee, do hereby request authorization to maintain the following wildlife for personal use, _____

Number(s) and Type(s)

to be maintained at, Location Address: _____

City

State

Zip Code

D Same as location address

Mailing Address: _____

Home Telephone: () Business Telephone: ()

IMPORTANT: Terms and Conditions of Wildlife Pet Permits- Permits are issued upon the provision that said wildlife be kept in a safe, sanitary and human manner. All wildlife pets shall be kept under strict supervision by the permittee of safely caged at all times. Extreme caution shall be exercised to protect persons from being injured by wildlife. Failure to adequately protect the public from injury is a violation of permit guidelines. Because of the danger of rabies, especially in raccoons and skunks, incidents involving injury to persons shall be immediately reported to the county health department and the animal is subject to seizure by Florida Fish and Wildlife Conservation Commission (FWC) officers and submitted for rabies testing. Consideration must be given to the disposition of the above animal(s) should I no longer want it or am unable to provide proper care. I understand that 372.265, F.S., prohibits the release of any non-native animal. Furthermore, 68A-6.0021, F.A.C., prohibits the acquisition or sale or transfer of wildlife to or from anyone not authorized to possess such wildlife.

I hereby agree to abide by all regulations of the FWC regarding the keeping of wildlife pets.

Signature

Date

DO NOT WRITE BELOW LINE, FOR FWC USE ONLY.

NOT VALID WITHOUT FWC SEAL

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION SEAL

Approved By: _____

Permit Expires: _____

Denied By: _____

Reasons: _____

RETURN COMPLETED APPLICATION AND QUESTIONNAIRE TO:

FWC, Division of Law Enforcement

Investigation Section

620 South Meridian St

Tallahassee, Florida 32399-1600

NOTE: ALL INCOMPLETE APPLICATIONS WILL BE RETURNED
TO APPLICANT

THIS PERMIT DOES NOT ALLOW FOR THE POSSESSION OF THE FOLLOWING WILDLIFE:

Class I Wildlife:

1. Chimpanzees (genus Pan)
3. Gibbons (genus Hylobates)
5. Orangutans (genus Pongo)
7. Siamangs (genus Symphalangus)
9. Snow leopards (*Panthera uncia*)
11. Jaguars (*Panthera onca*)
13. Lions (*Panthera leo*)
15. Rhinoceros (family Rhinocerotidae)
17. Hippopotamuses
19. Crocodiles (except dwarf and congo)
21. Blood-feeding caimans (*Metanosuchus niger*)
2. Gorillas (genus Gorilla)
4. Drillings and Mandrills (genus Mandrillus)
6. Baboons (genus Papio)
8. Gelada baboons (genus Theropithecus)
10. Leopards (*Panthera pardus*)
12. Tiger (*Panthera tigris*)
14. Bears (family Ursidae)
16. Elephants (family Elephantidae)
18. Cape Buffalo (*Syncerus caffer caffer*) (family Hippopotamidae)
20. Gharials (family Gavialidae) (family Crocodylidae)
22. Komodo dragons (*Varanus komodoensis*)

Class II Wildlife:

1. Howler monkeys (genus Alouatta)
3. Mangabeys (genus Cercocebus)
5. Bearded sakis (genus Cercocebus)
7. Celebes black apes (genus Colobus)
9. Macaques (genus Macaca)
11. Olingos (genus Pygathrix)
13. Proboscis monkeys (genus Nasalis)
15. Servals (*Leptailurus serval*)
17. Cougars/panthers (*Puma concolor*)
19. Bobcats (*Lynx rufus*)
21. Caracals (*Caracal caracal*)
23. Ocelots (*Leopardus pardalis*)
25. Coyotes (*Canis latrans*)
27. Red wolves (*Canis rufus*)
29. Black-backed jackals (*Canis mesomelas*)
31. Indian dholes (*Canis lupus pallasius*)
33. Wolverines (*Gulo gulo*)
35. American badgers (*Taxidea taxus*)
37. Binturongs (*Arctictis binturong*)
39. Dwarf crocodiles (*Osreolaemus tetraspis*)
41. Cassowary (*Casuarus* spp)
2. Uakaris (genus Cacajao)
4. Guenons (genus Cercopithecus)
6. Guereza monkeys (genus Colobus)
8. Idris (genus Indri)
10. Langurs (genus Presbytis)
12. Snub-nosed langurs (genus Rhinopithecus)
14. European and Canadian lynx (*Lynx lynx*)
16. Cheetahs (*Acinonyx jubatus*)
18. African golden cats (*Profelis aurea*)
20. Fishing cats (*Prionailurus viverrina*)
22. Clouded leopards (*Neofelis nebulosa*)
24. Gray wolves (*Canis lupus*) (including Wolf X domestic hybrid which are 25 percent or less domestic dog).
26. Asiatic jackals (*Canis aureus*)
28. Side-striped jackals (*Canis adustus*) (including Wolf X domestic hybrid which are 25 percent or less domestic dog)
30. African hunting dogs (*Lycan pictus*)
32. Honey badgers (*Mellivora capensis*)
34. Old World badgers (*Meles meles*)
36. Hyenas (all species) (family Hyaenidae)
38. Alligators, caimans (except *Alligator mississippiensis*) (family Alligatoridae)
40. Ostrich (*Struthio camelus*)



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



PERSONAL USE APPLICATION AND QUESTIONNAIRE

Please print with blue or black ink only

Name _____ Age: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number(s): (H) _____ (W) (_____) _____

The answers on this questionnaire indicate *my* knowledge about the habits, requirements, diet, health care and exercise needs of the animal(s) I plan to possess. as required under Florida Administrative Code 68A-6.0022 I understand my permit *may* be denied or revoked if I fail to meet the requirements of 68A-6.0022, F.A.C.

Signature _____ Date _____

The following questions will be used to evaluate your **knowledge** of and experience with the animals you plan to **possess**. This information will be used to determine the approval or denial of the permit for which you are applying. Please attach additional pages as necessary.

1. What are the common names of the animals you plan to possess?

2. What is the scientific names of the animals you plan to possess? (Genus/species)

3. In what continent and country do the animals occur naturally in the wild?

4. How large (length/height, etc.) will these animals get when they are adults?

5. What is the average weight of the animals when they reach sexual maturity? (Approximately in pounds)

6. What do the animals eat in the wild?

7. What foods are available to you to feed your animals while in captivity?

8. How much do these animals eat, as an adult, per day?

9. Are the animals you plan to possess social or solitary animals in the wild (excluding the mating season)?

10. What are the Florida Fish and Wildlife Conservation Commission's standard caging requirements for the animals you plan to possess?

11. What are the additional safety requirements you must meet to maintain the animals as personal pets?

12. What is the name of the veterinarian you intend to use for the health care of your animals?

Name _____ Phone: {____} - ____ - _____
Address:

City State Zip Code

13. What is the address and telephone number of the closest office of the Florida Fish and Wildlife Conservation Commission office that you can contact regarding the lawful keeping of your animals?

14. What is the name, address and telephone number (if in Florida) of the source of your wildlife? (It is unlawful to purchase wildlife from an unpermitted entity in Florida) **[You must have documentation of the source and supplier of your animals]**

15. If your animals escape from their cage, enclosure, tether, or leash, are you required to report the incident to the Florida Fish and Wildlife Conservation Commission? Yes No

16. If your animals bite or scratch an individual, are you required to report the incident to the Florida Fish and Wildlife Conservation Commission? Yes No



FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION
DIVISION OF LAW ENFORCEMENT



CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN

PART A: To be completed and submitted with initial or renewal application for license/permit.

I. Applicant or Licensee Information:

Name: _____

Business Name: _____ Phone: _____

Mailing Address: _____

City State ZipCode USDA LicenseNumber

II. Facility Information

Facility Address: _____

City State ZipCode GPS Coordinates

Hurricane Evacuation Zone Category: D Yes D No if Yes, what is Category: A B C 0 E
Flood Zone: D Yes D No DD DD D

III. Other Emergency Contacts

Veterinarian:

Name: _____

Phone: _____

Business Name: _____

Mailing Address: _____

City State Zip Code

Emergency Response Contact:

Name: _____

Business Name: _____

Mailing Address: _____

City State ZipCode

IV. Current Animal Inventory (Attached)

I certify that as part of the critical incident disaster plan, part B of this form is maintained on file at the facility location where wildlife is housed or maintained. Furthermore said information will be made available for inspection upon request of commission personnel. Said information indicates a detailed emergency plan, inventory of capture and transport equipment, and a schematic or graphic depiction of the facility.

Name (Print)

Signature

Date

I. **Emergency Plan** (Attach additional sheets as necessary)
Specific plan of action to be taken in the event of an emergency (natural disaster, fire

[Empty box for Emergency Plan content]

II. Capture and Transport Equipment Inventory

A. Chemical Capture Equipment

Emergency Contact Information:

Name: _____

Phone: _____, _____, _____

Address: _____

Phone: _____, _____, _____

City

State

Zip Code

DEALicense Number

B. Physical Capture Equip

nets , catch oles, loves, hooks, ton s, etc.

Emergency Contact Information:

Name : _____

Phone: _____, _____, _____

Address: _____

Phone: _____, _____, _____

City

State

Zip Code

C. Transport Cages and Vehicles

Emergency Contact Information:

Name: _____ Address: _____

City

State

Zip Code

III. Facility Information Checklist (Attached Schematic/graphic depiction of the facility to indicate the following)

- D Site plan of facility
- D Location of access points to facility if access is controlled by fences, gates, etc.
- D Location of area(s) where captive wildlife is kept
- D Location of supplies (food, medicines, capture equipment, etc.)
- D Location of each electricity and gas shutoff switch/valve

IV. Miscellaneous Emergency Supply Checklist

- | | | | | | |
|---|--------------|---|-------|---|------------------|
| D | Food | D | Water | D | Medical Supplies |
| D | Generator(s) | D | Ice | D | Misc. Supplies |

Location of storage and/or contact information for obtaining supplies

<p>Northwest Region</p> <p>Louie Roberson, Regional Director</p> <p>3911 Hwy. 2321</p> <p>Panama City, FL 32409-1658</p> <p>(850) 265-3676</p> <p>24-Hour Law Enforcement:</p> <p>(850) 245-7710</p>	<p>North Central Region</p> <p>Rolando Garcia, Regional Director</p> <p>3377 E. US Highway 90</p> <p>Lake City, FL 32055-8795</p> <p>(386) 758-0525</p> <p>24-Hour Law Enforcement:</p> <p>386-758-0529</p>
<p>Northeast Region</p> <p>Dennis David, Regional Director</p> <p>1239 SW.10th Street</p> <p>Ocala, FL 34474-2797</p> <p>(352) 732-1225</p> <p>24-Hour Law Enforcement:</p> <p>352-732-1228</p>	<p>Southwest Region</p> <p>Greg Holder, Regional Director</p> <p>3900 Drane Field Road</p> <p>Lakeland, FL 33811-1299</p> <p>(863) 648-3203</p> <p>24-Hour Law Enforcement:</p> <p>863-648-3200</p>
<p>South Region</p> <p>Chuck Collins, Regional Director</p> <p>8535 Northlake Boulevard</p> <p>West Palm Beach, FL 33412</p> <p>(561) 625-5122</p> <p>24-Hour Law Enforcement:</p> <p>561-625-5122</p>	<p>Monroe and Collier County</p> <p>24-Hour Law Enforcement:</p> <p>305-289-2320</p>

<p>State Warning Point</p> <p>Emergency: 1-800-320-0519 or 850-413-9911</p> <p>Non Emergency: 850-413-9900</p> <p>www.floridastate.com</p>	<p>Florida Department of Agriculture and Consumer Affairs</p> <p>Division of Animal Industry</p> <p>850-410-0900</p> <p>www1.floridastate.com</p>
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CAPTIVE WILDLIFE CRITICAL INCIDENT/DISASTER PLAN INSTRUCTIONS

This two part form is to be completed and submitted or retained on file as indicated:

Part-A: To be completed and submitted with the initial or renewal application requesting authorization for the possession of captive wildlife.

Part-B: To be completed and retained at the licensed premises where wildlife is housed or maintained. Part-B of the Captive Wildlife Critical Incident/Disaster Plan shall be made available upon request to Commission personnel. All employees and/or volunteers should be informed of the facility's critical incident/disaster plan.

PART-A: Submitted with application for initial or renewal license/permit.

I. Applicant or licensee information

NAME: Enter full name as indicated on the application for a license/permit requesting authorization for the possession of captive wildlife.

PHONE NUMBER: Enter emergency contact phone numbers for the applicant or licensee including business, home and/or cellular as applicable.

BUSINESS NAME: Enter Business name, if applicable, as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

MAILING ADDRESS: Enter complete mailing address including City, State and Zip Code as indicated on the application for license/permit requesting authorization for the possession of captive wildlife.

USDA LICENSE No.: Enter the number for any license issued by the United States Department of Agriculture under the Animal Welfare Act.

II. Facility Information

FACILITY ADDRESS: Enter the complete address for the facility location as indicated in the application for a license/permit requesting authorization for the possession of captive wildlife.

GPS COORDINATES: Enter the GPS coordinates in Degree, Minutes, and Seconds format for the facility's main entrance/exit. Leave blank if the coordinates are unknown

HURRICANE EVACUATION ZONE: Indicate whether or not the facility is located in a Hurricane Evacuation Zone by checking the appropriate box. If the facility is located in a Hurricane Evacuation Zone check the appropriate box to indicate the category of the Hurricane Evacuation Zone. This information may be obtained by contacting your insurance company, or visiting the following web sites: www.floridadisaster.org (for hurricane zone information) and www.fema.gov (for flood zone information).

III. Other emergency Contact Information

Veterinarian

Name: Enter the name of the Veterinarian used to provide veterinary services for wildlife maintained- at this facility.

BUSINESS NAME: Enter the Business name or clinic name for your Veterinarian.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for Veterinarian of Animal

Clinic used to provide veterinary services for wildlife maintained at this facility.

PHONE: Enter emergency contact phone numbers for the Veterinarian or Animal Clinic used to provide veterinary services for wildlife maintained at this facility. Include business, home and/or cellular numbers as applicable.

Emergency Response Contact

NAME: Enter the name of another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

BUSINESS NAME: Enter the business name for the emergency contact if applicable.

MAILING ADDRESS: Enter the complete address including City, State and Zip Code for the individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster.

PHONE: Enter emergency contact phone numbers for another individual responsible for assisting with emergency response or that may assist in providing contact information for the licensee/permittee in the event of a critical incident or disaster. Include business, home and/or cellular numbers as applicable.

Current Animal Inventory

Attach a complete inventory of the wildlife maintained at the facility location. Include the total number of each species and any identifying methods (microchip number(s), tattoo(s), mark(s), scar(s), etc.).

PART-8: Retained on premises and made available for inspection.

I. Emergency Plan

Enter a detailed plan that specifies what to do (who, what, where, when and how) in the event of a disaster and critical incident, to include:

Levels of Action (Pre-event, Event, and Post-event)

- Action plan for securing wildlife on site.

Action plan for evacuation including:

- o Stating where all wildlife will be located and providing location and contact information.
- o State how long the wildlife may be maintained at this location.

Action plan for re-entry to facility.

All employees and/or volunteers at the facility are to be familiarized with the emergency plan.

II. Capture and Transport Equipment Inventory:

CHEMICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for chemical capture (including drugs, delivery systems and supplies) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

DEA LICENSE NUMBER: Enter the license number for the license issued by the United States Drug Enforcement Agency authorizing possession of scheduled or otherwise regulated drugs.

PHYSICAL CAPTURE EQUIPMENT: Enter a detailed list of all equipment utilized for physical capture (including catch poles, nets, tongs, and other capture equipment) and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

TRANSPORT CAGES AND VEHICLES: Enter a detailed list of all equipment utilized to temporarily house and/or transport wildlife, and the location where this equipment is stored.

EMERGENCY CONTACT INFORMATION: Enter the emergency contact information (including name, complete address, and contact phone number(s)) for the person(s) authorized to utilize such equipment. Attach additional sheets as applicable.

III. Facility Information Checklist:

Attach supporting documentation that includes a schematic or graphic depiction of the facility indicating the location of the following, as applicable:

All facility access points (entrance(s) and exit(s)), diagram(s) of areas where wildlife is housed, location where emergency supplies are stored, location of each electrical and gas shut-off switch/valve.

IV. Miscellaneous Emergency Supplies Checklist:

Check applicable boxes or list any other miscellaneous emergency supplies. Document location where supplies are stored or contact information for obtaining supplies.

INSTRUCTIONS FOR THE DIVISION OF LAW ENFORCEMENT
CAPTIVE WILDLIFE INVENTORY - REPTILES (FWCDLE_6201V-R)

This form is to be completed and submitted upon annual renewal of the License to Sell or Exhibit Class III Wildlife and again six months thereafter. A reporting period shall consist of six months. Each report will include requested data from the previous six months.

Data shall include the total number of births, deaths, acquisitions and sales or transfers that occurred during the reporting period for each reptile of concern and each non-native venomous reptile, including subspecies or hybrids thereof. Data for non-native venomous reptiles, including subspecies or hybrids thereof, shall be entered according to the biological family to which the species belongs. **DO NOT** include data for species of

1. **REPORTING PERIOD** Enter reporting period in a **MM - MM/YYYY** format.
2. **LICENSEE NAME:** Enter full name as indicated on the License to Sell or Exhibit Class III Wildlife.
3. **BUSINESS NAME:** Enter Business name, if applicable, as indicated on the License to Sell or Exhibit Class III Wildlife.
4. **LICENSE TYPE:** Enter the three letter code for the license type (as indicated below), or select the license type from the drop down menu if filing electronically:

ESC (License to Sell or Exhibit Class III Wildlife)
VRL (Venomous Reptile License)

5. **LICENSE ID NUMBER:** Enter the nine digit ID Number as indicated on the license that corresponds to the license type.
6. **BIRTHS:** Enter the total number of specimens born during the reporting period
7. **DEATHS:** Enter the total number of specimens that died during the reporting period.
8. **ACQUISITION:**
 - **IN STATE:** Enter the total number of specimens that were acquired from entities or suppliers within the state of Florida. This does not include the number of specimens produced (born) at your facility.

OUT OF STATE: Enter the total number of specimens that were acquired from entities or suppliers outside of the state of Florida or the Continental United States during the reporting period.

9. SALES OR TRANSFERS:

IN STATE: Enter total number of specimens sold or otherwise transferred to entities within the state Florida.

OUT OF STATE: Enter the total number of specimens sold or otherwise transferred to entities outside of the state of Florida or the Continental

10. CURRENT INVENTORY:

In addition to this change of inventory form a complete inventory of the numbers and species of all wildlife possessed shall accompany any initial or renewal application for licensure.

