



Office Use Only

Missouri Department of Conservation Application for Class I Wildlife Breeder Permit

Complete This Box. Please Print

Name:	Business Name:
Address:	Business Address: (if different)
City, State, Zip:	City, State, Zip:
Home Telephone No.	Work Telephone No.
County:	Email:

Class I Breeder Permit (Code 540)..... \$50.00

Refer to Missouri Department of Agriculture for applicable Chronic Wasting Disease rules and regulations.

List species and numbers of each species to be covered by permit:

Check here if wildlife is held at a location other than above address and then complete Part II on back.

Approval box in lower left corner of the application must be completed by local conservation agent when the following occurs:

1. First time application for Class I Wildlife Breeder permits.
2. When species and / or location is being added or changed from prior year's permit.
3. When going from one type of permit to another, i.e., Wildlife Hobby to Wildlife Breeder, etc...
4. When ownership changes.

Signature constitutes acceptance of all rules pertaining to the permit according to the *Wildlife Code of Missouri Section 3 CSR 10-9.353* and the following conditions:

1. Applicant is aware of Statute 578.023. RSMO, has notified the appropriate local law enforcement agency, and has met all requirements under this statute.
2. Applicant must provide written documentation of proper veterinary care / health certificates.
3. Applicant agrees to assume full responsibility for all costs associated with recapture of any escaped animals.

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

Check here if you **do not** wish for your name and contact information made available on mailing lists.

Read and complete the reverse side before signing.

Applicant's Signature: _____ Date: _____

DO NOT SEND CASH

Remit by Check, Credit Card Payment (see back) or Money Order to:

Attn: Commercial Permits
Missouri Department of Conservation
P.O. Box 180
Jefferson City, MO 65102-0180

ALL PERMITS EXPIRE JUNE 30

Unless Otherwise Provided in the *Wildlife Code of Missouri*.

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved
By _____	
County _____	
Date _____	
DO NOT WRITE IN THIS SPACE (For conservation agent's use only)	

This is not a permit and does not entitle applicant to operate.

READ AND COMPLETE THIS SIDE

PART 1

If your street address is different from your mailing address please complete this section. Complete address must be provided in case contact by a conservation agent is required. If you live in a rural are, please provide directions to your location.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Directions: _____

Part II

Location of Wildlife:

Complete this information if wildlife is held at a location other than address on face of application.

Name of person holding wildlife: _____

Address where wildlife is located: _____

City: _____, State: _____ Zip: _____

County where wildlife is located: _____ Within city limits? Yes ___ No ___

If not within city limits give directions to the location of the wildlife, including distances from town, using name or major highway, state road or other location identifiers.

Payment Method

Total Amount Due \$ _____

Check Enclosed (make check payable to *Missouri Conservation Department*)

Check One: Visa MasterCard Discover

Charge my credit card number _____

3 Digit Security Code number _____ (this number is located on the back of your card)

Expiration Date _____ Phone # _____

(*required* on all credit card orders)

Signature _____

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to: **Missouri Department of Conservation**
ATTN: Commercial Permits
PO Box 180
Jefferson City, MO 65102-0180

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