



MS Department of Wildlife, Fisheries, & Parks

North Regional Office

P.O. Box 100

Enid, MS 38927

(662) 563-6222 Phone (662) 563-6224 Fax

TAXIDERMIST APPLICATION

Name: _____ DOB: _____

Home/Cell Phone: _____ E-Mail: _____

Address: _____

Street City State Zip

Driver's License #/State: _____ Social Security #: _____

I, _____ the undersigned,
residing at the above address, hereby make application for a permit to possess the following
listed species of wild birds and/or wild animals:

The particular purpose for which such animals and/or birds to be possessed are:

Number and Species of wild birds and/or wild animal in possession:

I am _____ am not _____ employed by any school, university, museum or other scientific
institution. If so, where _____

Please attach a certified check, money order or draft in the amount of \$12.29.

**I certify that the above answers are correct and agree, if a permit is issued to me, to comply
with all the provisions of the Mississippi Department of Wildlife, Fisheries, and Parks laws
and regulations pertaining thereto.**

Signature of Applicant

Date