

MS Department of Wildlife, Fisheries, & Parks

South Regional Office 1201 N. Clark Avenue Magnolia, MS 39652 (601) 783-2911 Phone (601) 783-2926 Fax

TAXIDERMIST APPLICATION

Name:	DOB:			
Home/Cell Phone:				
Address:				
Street	City	State	Zip	
Driver's License #/State:	Social Sec	Social Security #:		
l,		the unde	rsignad	
residing at the above address, herek				
listed species of wild birds and/or w	, , ,	permit to possess ti	ic following	
instead species of what birds and/or w	iiu aiiiiiais.			
-,		<u> </u>		
The particular purpose for which su	ch animals and/or birds t	o be possessed are:		
Number and Species of wild birds ar	nd/or wild animal in poss	ession:		
Lam am not ampleyed b	hu anu sahaal univarsitu	mous auma ar athar sa	ion+ific	
I am am not employed b			ientinc	
institution. If so, where				
Please attach a certified check, mor	•			
I certify that the above answers are	e correct and agree, if a p	permit is issued to m	e, to comply	
with all the provisions of the Missis	sippi Department of Wil	dlife, Fisheries, and	Parks laws	
and regulations pertaining thereto.				
Signature of Applicant		Date		