



# MASSACHUSETTS COMMERCIAL SCIENTIFIC COLLECTION PERMIT APPLICATION

## Permit Type

**Please submit separate applications for each taxonomic group.**

\_\_\_\_ Mammals      \_\_\_\_ Fish      \_\_\_\_ Invertebrates  
\_\_\_\_ Birds      \_\_\_\_ Reptiles & Amphibians      \_\_\_\_ Plants

If this application is for birds, do you have a Migratory Bird Permit? Y \_\_\_\_ N \_\_\_\_ If yes, Permit #: \_\_\_\_\_

## \*Permit Holder Info

\* Name \_\_\_\_\_ Company \_\_\_\_\_  
\* Street Address \_\_\_\_\_ \* City/Town \_\_\_\_\_ \* State \_\_\_\_\_ \* Zip Code \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
Name(s) of any subpermittee(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## \*Location

Location of where collections will be made: \_\_\_\_\_

**\*Required:** Enclose a map with the location of where collections will be made clearly marked and centered on the page.

## \*Permit Information

State the species of animals or plants to be collected and/or possessed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this collection/possession being undertaken in relation to a project undergoing a NHESP regulatory review? Y \_\_\_\_ N \_\_\_\_

If Yes, NHESP Tracking Number (required): \_\_\_\_\_

Do you have a NHESP approved survey protocol? Y \_\_\_\_ N \_\_\_\_

Note: A NHESP approved survey protocol is required for regulatory review.

Institution to which collected specimens will be donated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired start date: \_\_\_\_\_

State your qualifications and attach site specific methodology and survey protocols:

*\*Filing Fee*

\* Fee: \$100/permit. Payable via check to **Comm. of MA - NHESP**

*\*Required Signature*

I hereby certify under the pains and penalties of perjury that the information contained is true and complete to the best of my knowledge.

Signature of Applicant

Date

Please mail this completed form, with the required document and fee to:

*NHESP Regulatory Review | MassWildlife Field Headquarters | 1 Rabbit Hill Road | Westborough, MA 01581*