



**Illinois**  
 Department of  
**Natural Resources**

One Natural Resources Way • Springfield, Illinois 62702-1271

www.dnr.illinois.gov

**APPLICATION FOR PERMIT FOR DISPOSAL OR TRANSFER  
 OF ENDANGERED OR THREATENED SPECIES**

Name of Permittee: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address of endangered or threatened species holding facilities:

Your Permit #: \_\_\_\_\_

Type of E&T permit held:

- Scientific
- Educational
- Zoological/Botanical
- Limited permit (hobbyist)

**Application for transfer of specimen**

Recipient name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Application for disposal of specimen**

Explanation of need for disposal and methods to be used:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

“I hereby certify that the information contained herein is true and accurate to the best of my knowledge.”

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed application to: DNR.ETPermit@illinois.gov