



**MS Department of Wildlife, Fisheries, & Parks**

Central Regional Office

506 Hwy 43 South

Canton, MS 39046

(601) 859-3421 Phone (601) 859-1818 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