



Renewal Application for Wildlife Propagation Permit

Name of Applicant to be licensed:
Doing business as:
SSN or TIN, as applicable:
Type of Organization:
Mailing Address:
Holding Facility Address:
Telephone No.:
Date of Birth of Applicant:
State of Incorporation if Entity:

Description of Additions, Transfers, or Losses to Wild Animals in Applicant's Possession since previous application*

Table with 6 columns: Scientific Name, Common Name, Given Name, Sex, Age, Color, Weight, Distinguishing Marks, Microchip ID Number & Frequency

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*Please use additional sheets if needed.

Check the proof of financial responsibility, listed below, to be adopted by the applicant:

- (a) A bond subject to the approval of the Director that covers claims for injury or damage to persons or property caused by the animals listed; or
(b) Liability Insurance that covers claims for injury or damage to persons or property caused by the animals listed.

Any financial responsibility adopted by the applicant must be in the following amounts:

- (i) \$200,000 per occurrence if applicant possesses 5 or less dangerous wild animals;
(ii) \$500,000 per occurrence if applicant possesses 6 – 15 dangerous wild animals;
(iii) \$1,000,000 per occurrence if applicant possesses 16 or more dangerous wild animals.

FOR OFFICE USE ONLY
DATE RECEIVED STAMP

All information submitted is public information unless a statutory exception exists that exempts it from public release under the Ohio Public Records Act, as defined in section 149.43 of the Ohio Revised Code.



Has any applicant on this application ever been convicted of a felony, or any crime related to cruelty to animals, escape of dangerous animals, or prohibitions concerning companion animals?

Yes No

*Please provide signed Background Check Permission & Release Form, applicable fee, & schedule appointment for fingerprints

Has applicant's veterinarian information changed?

Yes No

If yes, please provide new information below

Veterinarian: _____

Alternate Veterinarian: _____

Phone No.: _____

Phone No.: _____

Have any events occurred since the last permit application of applicant which have caused a change in the written plan of action on file with ODA?

Yes No

If yes, please attach a copy of the written plan of action in the event of escape and proof of receipt by local law enforcement

Have any events occurred since the last permit application of applicant which have caused a change in the written species survival plan on file with ODA?

Yes No

If yes, please attach a copy of the written plan of action in the event of escape and proof of receipt by local law enforcement

Does applicant have any new employee(s) or lost employees from their staff since the last application?

Yes No

If yes, please fill out an E-1 form and submit with application

Does the applicant remain in compliance with the housing and care standards established in the Ohio Administrative Code?

Yes No

If yes, please attach affidavit that facility is and will continue to be maintained in compliance with the standards. Applicant will be subject to an inspection to confirm

Does the applicant prohibit physical contact by the public with the dangerous wild animals in applicant's possession?

Yes No

If yes, please attach affidavit attesting that the public will not have contact

The foregoing statements concerning the possession of dangerous wild animals of applicant are, to the best of my knowledge and belief of the applicant, true and correct. I (we) agree to keep records for the duration of the permit and any subsequent renewals plus one year after the permit has expired of a description of the animal and other characteristics as provided above, including the name and address of each person from whom I (we) acquire an animal and to who the animal was disposed or escaped. I (we) also agree to permit the Ohio Department of Agriculture, or any of its authorized agents, to inspect my (our) records at any time pursuant to section 935.15 of the Ohio Revised Code.

| | |
|---|--|
| Date application made: _____ _____ Signature of the applicant or one authorized to sign | Approved _____ Check # _____ Date of Check _____ Amount of Check _____ Wildlife Permit No. _____ |
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Fees:

For 50 or less dangerous wild animals..... \$1,000.00 per annum

For 50 or more dangerous wild animals..... \$3,000.00 per annum

PAYMENT REQUIRED: TOTAL AMOUNT MUST BE ENCLOSED TO COVER THE FEE ABOVE PAYABLE TO THE OHIO DEPARTMENT OF AGRICULTURE, CHECK OR MONEY ORDER ONLY

**Mail completed form to:
Ohio Department of Agriculture
Division of Animal Health
Dangerous Wild Animal Office
8995 East Main Street
Reynoldsburg, Ohio 43068**

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Background Check Disclosure, Authorization and Release for Wildlife Propagation Permit

Section I: Disclosure

This form, which you should read carefully, has been provided to you because the Ohio Department of Agriculture's office may request investigative reports on you from various public and private reporting agencies. The Ohio Department of Agriculture's office will use any such report(s) solely for determination of approving a wildlife propagation permit purposes.

Investigative reports may be obtained from a background check vendor and/or public agencies and provided to the Ohio Department of Agriculture's office. The types of information that may be obtained include but are not limited to: Social Security Number verification, criminal records checks, public court records checks, etc. Any such reports are public records under Ohio's public records laws unless specifically exempt from disclosure.

Section II: Authorization and Release

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of investigative reports to the Ohio Department of Agriculture in conjunction with my application for a Wildlife Propagation Permit license. I also authorize disclosure to the Ohio Department of Agriculture and/or the background check vendor of information concerning my criminal history and all other information the Ohio Department of Agriculture deems pertinent by any individual, corporation or other private or public entity, including without limitation to the following: law enforcement agencies; federal, state and local courts; and other applicable sources. I hereby release and hold the vendor and the Ohio Department of Agriculture and its employees and appointees harmless from any and all liability with respect to the investigations, verifications, and/or the use of any information relevant to my permit/license application.

I understand that if I am approved for a permit/license, my consent will apply throughout the term of my permit/license to the extent permitted by law.

This Disclosure, Authorization and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the Ohio Department of Agriculture.

I understand that providing any false information or omitting any material information on my application for Wildlife Propagation permit/license may be sufficient grounds for rejection of the application or termination of the permit/license whenever discovered.

Printed Name: _____

Signature: _____

Date Signed: _____

All information submitted is public information unless a statutory exception exists that exempts it from public release under the Ohio Public Records Act, as defined in section 149.43 of the Ohio Revised Code.

